Health-1932

Rosenwald Foundation Agents To Visit Capital

Dr. J. N. Baker, State Health Officer, was advised yesterday that Dr. Thomas Parran, Health Commissioner of New York State, Dr. Edward Keyes, outstanding surgeon of New York City, and Dr. W. O. Wenger of the U. S. Public Health Service, will arrive here today to survey and appraise the work accomplished by the State Health Department in conjunction with the Rosenwald Foundation in the study which has been continued over a period of two years of the social disease problem as it pertains to the rural negro. This study and survey was conducted in Macon County.

All members of the delegation of public health and medical experts expected here today, are expert consultants to the Rosenwald Foundation, it was announced.

High Negro Death Rate

While the decline in the death rate of negroes shows some graitfying improvements of recent years, there remains much work yet to be done to bring the health status of the Negro to a plane of equality with that of the white man. The annual report of the Dallas County Health Unit just prepared shows that the average colored death rate was 17.4 per cent for 1931, while the white death rate was 11.4. This is a disparity of 35 per cent in favor of white people compared with the colored population. This ratio varies in the different urban and rural areas throughout the country, but it is known to reflect an unfortunate situation everywhere, and there is strong need for more effective measures to better safeguard the health of the colored people. Booker T. Washington said some 15 years ago that "the future of the Negro race depends on the conservation of its health."

The Negro is peculiarly susceptible to tuberculosis, pneumonia and the respiratory disease, which are often fatal because of exposure and lack of proper medical care. Malaria also takes a heavy toll among Negroes in the South because it lowers vitality and induces complications of more serious ailments, and is aggravated by poverty and an unsanitary environment. The venereal diseases also play a large part in shortening the life span of the Negro.

Aside from the humanitarian aspects of the problem of the Negro's health, the white man has a very vital interest in it, for the health chain is no stronger than its weakest link. In some localities the death rate of colored persons is double that of white persons. The life expectancy of the Negro is shorter by ten years than that of the white man and with these vital losses of the Negro must be included the toll in the costs of sickness with attendant unemployment, poverty, misery and the costs of medical care. All of these evil and destructive factors which grow out of the unfortunate conditions surrounding the health of the colored people, should enlist the study and wise use of knowledge as well as all practical health agencies together with an understanding sympathy, to the end that the colored race may be better safeguarded against the diseases and privations to which they have been so long condemned.—Selma Times-Journal.

Says More Whites Than Negroes Die From Diptheria

BIRMINGHAM, Ala. (By ANP) —That more than twice as many whites die from diphtheria as do Negroes and that ten times as many whites commit suicide as Negroes, was the assertion made by Dr. J. N. Baker, of the Alabama State Health Department in emphasizing the need of observing National Negro Health Week, here Wednesday evening.

Speaking before a large mixed audience, Dr. Baker further declared that the Negro has suffered badly from the white man's diseases and ascribed the excessive mortality rate from tuberculosis to the fact that this disease was unknown in Africa, therefore, the Negro did not have the opportunity to develop immunity to this disease.

A state-wide observance of National Negro Health Week will be held and the State Department of Health has promised wholehearted support and cooperation.

Death Rate Is Low In Macon, Report Shows

TUSKEGEE, ALA., Feb. 8—(Special). —According to the annual report of the Macon County Health Unit there were more than twice as many births than deaths in this county in 1931. The birth total reached 824 while the deaths were limited to 370.

Heart disease was the leading cause of death, 51 people having died from this cause. Pneumonia was the cause of 36 deaths while 27 people died with tuberculosis.

Statistics show that a large percentage of the people who died in this county during the past year were over 64 years of age.

Health -1932

IS THIS NOT WORTH SERIOUS THINKING OF?

From The Birmingham News.

Report of the work of the Anti-Tuberculosis Association of Jefferson County for the month of April stresses the excellent preventive activities of the organization. In this report, Supervisor Bertha M. Clements alludes to the nutrition classes formed in the various schools. "Not less than 82 classes were formed in white schools, with 1,514 children enrolled, 136 classes conducted, and 13,023 children weighed outside nutrition classes. In Negro schools 27 new classes were organized, with 694 children and 94 classes conducted, while 4,717 pupil were weighed outside of nutritio classes. Correction of defects of man children were recommended in the r port," according to an article in Th News of Tuesday, "and scores we recommended for Summer camps."

That recommendation, in essence, that "scores" of undernourished, u derprivileged girls and boys be give an outdoors vacation in free, spacio places where food is plentiful and th fresh air revitalizing. It is the recon mendation of a gracious, intelligen compassionate woman who doubtles realizes that these wasted little bodie she comes in contact with in her worl frequently offer hostage to tubercula germs. She is thinking of them not i terms solely of a pleasurable vacatio for children hungry for heavenly rec reation like that, but in terms also o a social state where well people ar frequently contaminated by the sick

That is something for well-cond tioned citizens of Birmingham to thin about. In all probability if the atte tion of well-conditioned folk we called to this matter—if folk of serious and compassionate frame mind were, let us say, deeply int ested enough in the undernourish children of Jefferson County to se audience with Supervisor Clemen and get her advice as to what can done to get some of these children Summer camps pretty soon—much jo ous benefit might spring from su parleys.

Sect Colonist Recalls Hogs And Bars Serum

Dr. W. T. Wilson, of the State Health Department staff, returned yesterday from the western part of DeKalb County, where he had been engaged in tracing the source of a typhoid epidemic which struck down 15 members of a Holiness or "Holy Roller" colony, two of whom succumbed to the disease before they would permit health authorities to administer anti-typhoid serum to any of their number, or to apply other preventive measures.

Assigned to the special duty of investigating the epidemic by Dr. D. G. Gill, director of the Bureau of Epidemiology of the Health Department, Dr. Wilson said he found that the disease had been communicated from one person to another by the "contact" method. In one instance he found, he said, that five children, taken on five successive days by their parents, to visit a friend ill with typhoid, all developed the disease.

Members of the colony while not cordial, treated him courteously, Dr. Wilson said. Some of them are still holding out against the administering of serum or taking precautions of any sort against infection, despite the urgings of county health authorities.

One native naively informed him why he was against taking the serum, by relating an incident that occurred several years ago. He said serum was being administered to hogs in the community, to prevent cholera. "A neighbor of mine had 40 hogs, and I had the same number," he said. "He gave his hogs the serum, I din't. My hogs all died; his did too."

No new cases of typhoid have developed in the colony, Dr. Wilson stated, and there have been no additional deaths. He believes the epidemic has been stopped.

STATE MORTALITY RATE ON DECLINE

Marked Slump In Deaths For First Six Months Is Shown In Report

Mortality in Alabama for the first six months of the present year was the lowest of any year since the Bureau of Vital Statistics of the State Health Department has been making provisional reports of current conditions, it is shown in a report issued yesterday for that period by Dr. W. T. Fales, director of the Bureau.

The low mortality was due in a large degree to the small number of deaths from influenza and pneumonia during the Winter months, Dr. Fales says, calling attention to the fact that the combined death rate from these causes was 122.9 per 100,000 of population, as against 179.1 for the first half of 1931.

Within the same six-month period there were 29,856 births registered in Alabama, the birth rate being 22.0. Deaths occurring in the state during the first six months of the present year totaled 13,366.

In addition to influenza and pneumonia, typhoid fever, among the other mortality causes, showed a higher death rate than for the first six months of 1930 or 1931, the rate being 4.0. Tuberculosis, however, showed a lower death rate for this period than for any previous year. It was the first time the rate for this disease had shown a decline in the past five years.

Pellagra Decreases

The death rate from pellagra decreased to 12.3 against 17.0 and 21.8 per 100,000 of population for the first six months of 1931 and 1930, respectively. Though cases of pellagra increased during the first six months of last year over the previous years, cases reported to the Bureau of Communicable Diseases decreased from 645 to 362 during the first six months of this year. "Because of the extreme financial depression," Dr. Fales says in his report, "it is believed that the wholesale distribution of brewer's yeast by the national Red Cross in cooperation with local relief organizations and county health departments has been a factor in producing this favorable record."

The life toll from external causes shows a large increase, being 57.4 per 100,000 of population as against 44.6 for the previous year. This increase, it is pointed out, however, was due wholly to deaths occurring in the disastrous tornadoes that swept over Alabama last March. Deaths from automobile accidents decreased from 200 to 167.

Birth Rate In County

For the first six months of 1932 the birth rate per 1,000 of population for Montgomery County was 15.2, compared with a rate of 15.8 in 1931. The death rate was 11.1, compared with 14.4 in 1931.

For Jefferson County the birth rate was 17.2 for the first half of the present year, compared with 18.5 last year, the death rate being 10.8 compared with 12.7 for the year preceding.

Mobile County had a birth rate of 20.2 for the first six months of this year, compared with 18.3 last year. The death rate for the same period this year was 14.2, compared with 16.6 for the same length of time in 1931.

In the month of June this year, 4,902 births and 2,262 deaths occurred in Alabama. There were 19 suicides, 56 homicides and 110 persons lost their lives from accidental causes. Twelve died as the result of industrial accidents, 37 in home accidents, and 24 in motor vehicle accidents.

A supplementary report by Dr. D. G. Gill, director of the Bureau of Epidemiology, shows that in the month of July there was an increase in Alabama in the prevalence of typhoid fever, compared with the month of June. There was also an increase in the number of cases of malaria, scarlet fever, diphtheria, pellagra reported. Prevalence of measles, influenza and pneumonia decreased.

JONES REPORTS ON EXTENSION SERVICE WORKS

Negro Health Bureau Served 5,000 in Four Months, Director Says

A report showing the work of the Negro Health Extension Service since its incorporation less than two years ago was made Saturday by C. Jacob Jones, director of the local bureau. In his statement Jones pointed out that the Health Bureau had been compelled to branch out for the inclusion of all activities of local colored folk.

Five thousand people have been affected by the service during the last four months, he stated. His statement follows:

"When the office of the Negro Health Extension Service was opened less than two years ago, our aim was to create a greater interest in health and sanitation among the race. The work was incorporated under the laws of Alabama. Judge A. P. Agee was the first local chairman; Mr. C. A. Hamilton, Mr. G. G. Britton, Mr. E. L. Sayers, Mr. W. S. Coleman and General R. E. Noble were directors. Last January Walker Reynolds was made chairman and C. F. Varn was added as a director. I, being superintendent of the work, have had to take over every phase of welfare work pertaining to the needs of the colored people at this time.

"There has been a marked decrease in the number of venereal disease cases, as we have been especially endeavoring to eradicate that disease by giving out literature, lectures and educating the people against the contraction of communicable disease. All contagious diseases are at a very low minimum in Anniston.

"Since April 1 we have served 2,455 persons at our office. This figure does not take in the many homes we have visited during the past four months. We have served fully five thousand persons personally the last four months, have furnished numerous jobs, and have been instrumental in assisting hundreds of negro veterans by filing Government claims for them. Those disabled are receiving disability checks monthly.

"We have given clothes and shoes to the destitute persons. Our white friends, of course, furnished these clothes. My people come to our office for every imaginable assistance, and we do our best to render satisfaction in every case."

SELMA, ALA.
TIMES-JOURNAL

VULNERABILITY OF NEGRO RACE TO TUBERCULOSIS

Dr. Lynn Mahaffey, director of health, state of New Jersey, declares that the growth and spread of tuberculosis among the negroes of that state is presenting a serious problem to the health authorities. Dr. Mahaffey says:

"Social agencies in New Jersey are confronted with the task of aiding health authorities in arresting the ravages of tuberculosis among the state's negro population.

"The death rate among negroes from tuberculosis was 197.3 per 100,000 for 1931, compared with a rate of 50.7 for white inhabitants. This was an improvement over 10 years ago, when the rate for negroes was 272.2 and for whites 75.5 but leaves room for much further improvement.

"Climatic conditions may play an important part in influencing the higher death rate among negroes. Unfavorable economic conditions among the thousands of negroes who migrated to New Jersey in the post-war days is undoubtedly another factor contributing to the high rate.

"In New Jersey, during 1930, 264 negroes died from tuberculosis for each 100,000 population while 58 white people per 100,000 died from the disease. In other words, the negro population of New Jersey is dying 4.6 times as fast from tuberculosis as the white population.

"Although the negro population of New Jersey, according to the last census was only 5 per cent of the total, negro deaths from tuberculosis made up 20 per cent of all tuberculosis deaths. The State Department of Health feels this to be a social and economical problem and hopes for a lowering of tuberculosis death rates in the cities of the states which are so seriously affected."

Health -1932

Arkansas.

LITTLE ROCK, ARK.
GAZETTE

SEP 16 1932

Miss Chambers Explains Work Of Tuberculosis Association.

To the Editor of the Gazette:

May I clarify some points in my interview with your reporter regarding Dr. Hoffman's figures on tuberculosis in Little Rock?

Last year Dr. Hoffman published a statement in The Spectator placing Little Rock second in 1930 among the cities of the nation in its death rate from pulmonary tuberculosis, giving the high figure of 179.3 as the rate per hundred thousands, surpassed only by El Paso. We checked Dr. Hoffman's figures with our state Board of Health and found that there were 69 non-resident deaths in the hospitals, 50 being in the state Hospital for Nervous Diseases. The actual number of deaths from pulmonary tuberculosis among Little Rock residents was 87 instead of 155 or a rate of 106 per 100,000. Therefore, the drop during 1931 to 75 deaths would amount to 13.8 per cent instead of 50 per cent as the last Hoffman story would indicate.

Saline county in 1929 had seven deaths from tuberculosis, in 1930 it had 10, and in 1931 the figure jumped to 20. This is explained, not by the presence of the state Hospital for Nervous Diseases, which as I understand is operating only the farm department in the county, but by the new McRae sanatorium for Negroes opened January 1, 1931, at Alexander. There were 14 deaths in the institution last year, most of them in the first half of the year.

The tuberculosis forces have been expecting an increase in the disease. Thus far it has not been reflected in the death rate, but there are definite indications that the incidence is increasing. In Pulaski county, the nursing load of the Tuberculosis Association has shown marked increase.

During August 41 new cases were undertaken by the County Tuberculosis Association as against 24 in August last year. In 1931, from June 1 to September 1, 57 new cases were reported as against 100 for the same months this year—the new cases nearly doubled. Three nurses in the County Association are carrying the appalling case load of 513 patients, while 416 contacts must be given some attention. The maximum case load per nurse is 75.

Because tuberculosis works very slowly, depression, privation, and anxiety, all partners of tuberculosis, would not show their deadly work at once, and several years may be required to reap the harvest.

The only preventive is more tuberculosis nursing service and more intensive educational work with closest co-operation among the social agencies interested in relief and prevention.

Dr. Hoffman is right in his commentary on the amazing success achieved in the control of this once hopeless disease. Forty years ago nobody knew anything to do for these patients. In the 28 years since the organized fight on it was launched, the death rate in the nation as a whole has been cut two-thirds. It should be the aim of all social-minded citizens to help hold the lines during this depression.

Erle Chambers,
Executive Secretary.
Little Rock, Ark.

Health—1932

LITTLE ROCK, ARK.
DEMOCRAT
JUN 5 1932

Annual Report Made by T. B. Association

Summary Intended to Show Scope of Service Rendered.

By MISS ERLE CHAMBERS.

The annual report of the Arkansas Tuberculosis Association for the calendar year 1931, which is being sent to all members this week, shows a wide range of health activities carried on under the difficulties of a much depleted budget. A health education course was conducted in the schools of Gould, Grady, Sheridan, Rison, Magnolia., Waldo Stamps, Lewisville, Clarksville, Coal Hill, Ozark and Alma, during the spring months for a total of 4.597 children. Five hundred twelve in 71 counties were furnished teaching materials and county superintendents, county health officers and nurses received materials by mail for the whole county school system. Twenty-nine thousand four hundred twenty-six health habit cards and 9,899 other books and pamphlets were furnished for school use. The health education work in the A. M. & N. College for Negroes at Pine Bluff is a joint project of the school and the Tuberculosis Association, the expense being shared. The health education course is required of all students, and 90 were enrolled for the regular term with 125 in summer school work. Night classes in health wehe held for 12 Pine Bluff city teachers and 135 children in the practice school received regular health instruction.

Because of lack of funds, the nurse was dropped from the staff and the entire supervision of student health problems devolved upon the health education director. Four students were sent from the school to the McRae Sanitorium with active tuberculosis.

At the request of the department of education three months' special health lessons were prepared for negro teachers as an emergency measure following the drouth, and were sent out by the department. The daily health program for the week's meeting of negro leaders at Philander Smith college, which occurs every year under the auspices of the Women's Presbyterian Snodical, was arranged by the association.

The secretary of the association edited the health department of the Arkansas Journal of Education and a bi-monthly column in the Arkansas Farmer and also furnished educational leaflets from the National Tuberculosis Association as guides to the department chairman of health of the Arkansas Congress Parents and Teachers and to the division chairman of Tuberculosis, Arkansas Federation Women's Clubs, on which these chairmen based their study outlines on this subject, as a part of their general study course on health education.

Clinics Were Promoted.

The association either furnished the clinicians or actually assisted in organizing and holding clinics in the following counties: Bradley, Clark, Columbia, Creighead, Crawford, Grant, Howard, Hot Spring, Jackson, Mississippi, Miller, Ouachita and Union. The tuberculosis associations in Benton, Pulaski and Washington counties cared for their own clinic service. Two thousand eighty-five patients were examined, one-fourth being in Pulaski county. There were 435 positive cases, 372 suspects, and 885 contacts. One thousand two hundred twelve skin tests were given and 103 X-rays recommended. The early diagnosis campaign ran throughout the year. The bill board companies put up 80 posters, while 5,335 pamphlets and 2,800 small posters were distributed.

The cost of X-ray films at the Isaac Folsom clinic for patients in nearby counties unable to pay, was defrayed by the Association.

Eighteen county medical societies held special programs on the diagnosis of tuberculosis, all of which were furnished medical pamphlets on childhood tuberculosis, as were senior students at the medical school. One thousand four hundred seventy-five leaflets giving detailed instructions for families on the home care of patients were sent to county nurses and 2,200 general tuberculosis pamphlets.

Help For Negroes.

The county medical societies very generally recognized the need for tuberculosis work among negroes and have given every assistance. Dr. Hugh A. Browne, superintendent of the Thomas C. McRae Sanitorium, held all negro clinics. An example of the co-operation received from other agencies in this work was shown in Grant county where three negro ex-service men with families were found with active tuberculosis, and before the clinician was out of town the American Legion was on the job of betting hospitalization.

In connection with the clinic work, addresses were made either by the secretary or the medical staff before the following medical societies: Bradley, Crawford, Ouachita, Hot Spring, Craighead-Poinsett, Union and Pulaski and the Negro Medical Society at Texarkana. The association handled a large amount of clerical work in connection with the clinics where the health unit was short of personnel.

Two survey problems received attention. At the request of Dr. Parker, county health officer of White county, Miss Marion Nelson from the National Tuberculosis Association, conducted a special survey of six week's locating 153 diagnosed cases of tuberculosis, to each of which, a home visit was made.

The association's negro worker served as chairman of the section on negro housing of the National White House Conference. The study occupied some weeks, and the office assistant to do with clerical work.

Total Expense Nearly $15,000.

There was a heavy drop in revenue and drastic cuts were made in 1930 and again in 1931, all along the line. The total cost of the year's work was $14,754.29, of which $6,118.93 rerpesented health education activities. The association derives nearly all its revenues from the Christmas Seal sale.

Former Governor George W. Donaghey, president of the Tuberculosis Association, says: "The Association has been operating at a minimum cost and the results of the work may be seen in the setadily falling death rate from tuberculosis. With the progress of the health education work of the Association and its case finding clinics, which are rapidly enlisting public health forces and the State Medical Society, this life saving service will plainly become cumulative through the year. Every open case prevented means that a center of infection for other people is eliminated, and even with hard times we have not seen as yet mounting death rates from this disease of poverty. The Association is deeply indebted for service and co-operation to Mrs. H. M. Jacoway, Seal Sale chairman, Miss Mary Fein the radio stations, newspapers, Arkansas Outdoor Advertising Association, W. A. Booker, Rosenwald Fund, National Tuberculosis Association, Massachusetts Tuberculosis Association, which gave us a quantity of material, Dr. James H. Dillard of Virginia, Miss Mabel Carney of Columbia University, the Public Health Nurses Association of Cromwell, Conn., and our clinical staff; also for close co-operation in health work, we are indebted to the State Board of Health, Department of Education, county health officers and nurses, Arkansas Congress of Parents and Teachers, American Legion and American Legion Auxiliary, Arkansas Federation of Women's Clubs, and Arkansas Federation of Labor.

LITTLE ROCK, ARK.
GAZETTE

JUN 3 0 1932

CARRYING ON WITH MEASURES AGAINST TUBERCULOSIS.

The past twelve months have imposed unusual burdens on the workers and the financial resources of the Pulaski County Tuberculosis Association. A period of hard times, with its lowered standards of living and acute anxieties, provides fertile soil for the spread of this disease.

The thirteenth annual report of the association shows that since June 1, 1931, the four nurses made 5,394 visits to the homes of the patients under their care, while the free clinic, dealing only with positive cases, served 437 persons during the year. In addition to this regular work, 10 special clinics for white persons were held in Little Rock and in various parts of the county in an effort to discover incipient cases and obtain the early diagnosis which greatly increases the chances that treatment will be successful.

The report points out that the Negro population constitutes a difficult part of the problem of tuberculosis control in this county, and states that the six diagnosis clinics for Negroes held last spring, which are to be followed by others during the summer months, have given very encouraging results. Another feature of the year's work was a free dental clinic for Negro children, carried on jointly by the city and the School Board of North Little Rock, and the Tuberculosis Association. A total of 573 children was examined and treated.

Besides carrying on its clinical work and nursing services for both whites and Negroes, the association was active throughout the year in health education, centering this part of its program around the causes and prevention of childhood tuberculosis.

Health – 1932

590 PERSONS DIED OF TUBERCULOSIS HERE IN 1931

Tribune
Washington

Of the 590 persons known to have died of tuberculosis during the past year in Washington, according to a statement made public by Dr. Viola P. Anderson, secretary of the Association for the Prevention of Tuberculosis and Medical director of the Children's Clinic, at least 205 of them were not in a hospital at the time of their death. Of the remaining 385 who died in hospitals, the reports show that a large proportion were in an advanced stage of the disease before entering the hospital, and many of them were hospitalized only a short time before their death.

"This outstanding fact, based on the official record," said Dr. Anderson, "emphasizes the consideration as to what may happen when a person having an active case of tuberculosis remains in the home in daily contact with other members of the family, and usually without adequate care, or when a uberculous person still able to work mingles daily with other people in his place of work. Our home visiting staff of health workers and nurses are constantly finding families in which one or more of the children are thus in daily contact with some adult person in an advanced stage of tuberculosis. Almost invariably one or more of the children upon examination at the Children's Clinic are found to be infected with the disease to some extent.

"There is on record one family in which the father having an advanced case of tuberculosis was found to have a wife showing positive reaction to the tuberculin test, a three-year-old son and one-year-old baby, both with signs of juvenile tuberculosis, while a two-year-old boy had died of tuberculous meningitis.

"Among the many families under advice and care of visitors are frequently found situations of a most distressing character, as for example, a family of six, found in 1929 with an open case of tuberculosis, and five children all infected. By 1931, three of these children had died. In another family composed of parents and three children, in which one of the parents had tuberculosis, two of the children showed suspicious signs of infection in 1929, but by 1931 all three of the children were infected, and one was in a bad stage of pulmoary tuberculosis.

"What becomes of these children? And what happens to other persons who may be brought into home or work contact with tuberculous patients? These are the questions which can have but one answer, and that a tragic one, not only for the persons concerned, but also for the community as a whole. Such a situation reveals the urgency of Washington's need for more hospital beds, in order that known cases of open tuberculosis may be properly cared for and segregated so as to prevent the spread of the disease. That is why it is the utmost importance to have the utmost speed and action toward the construction of the sanatorium for tuberculous children."

CHILD HEALTH WEEK EXERCISES DRAW OVER 1,000

Tribune 5-6-32

Over 1,000 students, representatives of the three local senior high schools, took part in the annual Child Health Week and Field Day exercises held for the first time in the new James E. Walker Stadium, Wednesday morning.

Washington

Exhibitions and demonstrations in the group games, teams games and individual track and field events were given by the girls and boys. The girls, dressed in their regular physical education class outfits of blue and white, with their school colors on a ribbon across their chests, presented a colorful scene.

Demonstrations in group activities like baseball, volley ball, cage ball, and track events were given by the fairer sex while the boys exhibited the more strenuous stunts as pole vaulting, high jumping, middle distance runs, obstacle racing and medley relay races. The feature of the demonstrations was the old clothes race presented by the girls.

Garnet C. Wilkinson, superintendent of schools, was among the crowd of 3,000 people. The program was under the auspices of the physical education teachers of senior high schools of which Dr E. B. Henderson is head.

Health-1932

WEEK-END MOSAICS

By Algernon B. Jackson, M.D.

For the Associated Negro Press)

THE SCRAP HEAP

The other day a young man in his early twenties walked into my office and vividly described his conditions by saying: "Doctor, I'm all in and about ready to go on the scrap heap." His statement was only too true as we soon found out when we began to take his history and give him a physical examination. I could not help but sigh as I thought how easily he might have avoided the scrap heap if only he had sought advice and examination a bit earlier. If he had come last year we might have saved him but now it is too late, for he is surely headed for the scrap heap from which none return.

Of course the young will die and the old must die but I can never become reconciled to seeing so many of both young and old go to their graves before it is necessary. There is something always exceedingly tragic to me when I see young folks on the road to death who might have checked their on-rush had they received careful examination and warning —and of course heeded it. Through almost every known publicity medium word is being sent out asking people to go to their physician at least once a year and have a complete physical examination. More and more are going but still the number is too few. If people would have the same regard for the welfare of their body as they have for the proper running of their motor cars much sickness would be prevented and many funerals postponed. How different! When your car wears out you can get a new one if you have the money. When your body wears out it does not matter how much you have, there is no place I know of where you can get another.

Tuberculosis which kills so many of our young folks, kills most between the years of fifteen and forty, the most productive and profitable time in one's life. I often wish I could line up folks and force them to have annual physical examinations but I cannot. But if I could I would as it would be better for both you and your physician, for we together surely could work out a plan to reduce the size of the scrap heap

5 NEGROES TO 1 WHITE DIED HERE OF TUBERCULOSIS

Dr. Frank Jones Delivers Informative Address At Luncheon

Before a representative assembly or nearly a hundred of Washington's professional health workers, social workers and physicians, Monday afternoon, at the Y.W.C.A. building, the annual city-wide Early Diagnosis Campaign of the Association for the Prevention of Tuberculosis was formally launched with better ease finding as the new point of attack and with the distribution of two new spot maps of the city of Washington, one for 1930 and the other for 1931, showing the geographical location of the tuberculosis deaths officially reported in these years.

The local problem of tuberculosis control from the standpiint of Negro population was brought to the attention of the gathering by Dr. Frank Jones, president of the Medico-Chirurgical Society, who spoke of the frightful economic distress of the Negro workers in this period of business depression, many of whom are out of work and many earning very low wages. He suggested that it sounded somewhat ironical to tell the head of a family earning only $18 or $20 a week to give the children "nourishing food, extra milk, supervised rest, and play periods, fresh air, and separation from other members of the family at bedtime." He urged tolerance and charity toward a 'race torn by economic strife." Dr. Jones said:

"As president of the Medico-Chirurgical Society of the District of Columbia, I wish to offer an observation pertinent to the prevention of tuberculosis in Washington. Chiefly through the organizatin of the Association for the Preevation of Tuberculosis, great strides were made in the reduction of tubercular mortality—until 1920; since that time there has been but little improvement in the general rate because of the increase among Negroes. In 1920, for every white death there were three Negro deaths. In 1931, five Negroes died for every white person in the toll of this sweeping disease.

"One fact worth noting as significant is that there were fifteen more deaths among the whites in 1931 than in 1930, where there were only three more among Negroes. Is it not consistant to assign as an important factor the depression and its concomitant deprivations?

"A glance at the plotted map showing the location of deaths from tuberculosis during 1931 will convince you that as usual, the high mortality is located in thickly populated Negro sections. It may open your eyes that the plotted map of infant mortality is very similar to the one on T.B. deaths. Also in the same areas you will find overcrowding in the housing accommodations. A recent report of the association for the study of Negro Life and History shows that this particular area, though hard hit by the depression, offers a unique study of thrift. This report cites three grades of wage earners among Negroes—not including those in the professions. The medium or average group earned $18 to $20 per week; the high, $25 to $30; the low, $10 to $12. With the onset of the depression, these wages have naturally been reduced.

"The report shows further, that not only is Negro labor barred from competing with white labor in the skilled fields, but now that jobs are few and willing workers many, there is a serious danger that Negroes will be eliminated from even the most menial jobs.

"I have been actively associated with you for three years in a conscientious endeavor to spread the gospel of health and prevention of tuberculosis through education means. I have no doubt that many of you are earnest and eager in your efforts to combat this 'Great Plague' and yet I wonder how practical and helpful it is to tell the head of a family earning an humble $18 to $20 per week that one child should have nourishing food, extra milk, supervised rest and play periods, plenty of fresh air and separation from the other children at bedtime. How can such advice escape being ironical?

"'I shall not try to suggest a remedy, I hope that I have drawn your attention to the importance of a phase of T.B. prevention which has been too little stressed. You in your daily routine are in a position to do much individually. I do implore you to be tolerant and charitable, to offer opportunity and reward ability in a race torn by economic strife. In so doing, you will add much gain in this great campaign against tuberculosis."

Dr. Viola R. Anderson, executive secretary of the Tuberculosis Association, briefly cited the services o fthe children's clinic operated by the association in co-operation with the Health Department at 512 I street, northwest. Since its opening three years ago she said that there have been over 10,000 visits to the clinics, over 2,500 new patients admitted, and over 500 children found to have tuberculosis.

Health-1932

Harper To Attend Eugenics Congress

Montgomery Advertiser
Montgomery Ala.

8-4-32

UNIVERSITY, ALA., Aug. 3.—(Special)—Dr. Roland M. Harper of the Alabama State Geological Survey at the University of Alabama leaves early next week for New York, where he will attend the International Eugenics Congress.

Dr. Harper has prepared a series of 20 tables, maps and graphs dealing with vital statistics for Alabama to be placed on exhibit. His collection includes maps of the regions and counties, density of population in 1920, urban population in 1920, percentage of negroes in 1920; tables of the composition of population in 1910 and age distribution in 1930 and graphs of the percentage of adults and percentage of population under 10; maps showing the size of families of whites and of negroes in 1910; a graph showing families by regions from 1850 to 1920 and families by race over the same period; maps showing fecundity indicating whites under 10 in 1920, negroes under 10 in 1920, the number of white children per woman in 1920, and the number of negro children per woman in the same year. Dealing with longevity and prosperity, Dr. Harper's tables show white adults and negro adults in 1920, and white and negro farm building values in 1910.

Health—1932

PROGRESS SHOWN IN PUBLIC HEALTH

Freedom From Disease Reported To President Hoover By Surgeon General

FT. COLLINS, COLO.
EXPRESS COURIER
JAN 29 1932

WASHINGTON, Jan. 3.—(AP)—A report that the nation was more prosperous during the last year in the matter of health than in any similar period in its history was made public today by President Hoover.

A letter from Surgeon Gen. Hugh S. Cumming, addressed to the Chief Executive, asserted this comparative freedom from disease was due in part to the aroused interest of the people and to the increased efficiency of state and local health authorities.

Cumming, chief of the Federal Public Health Service, praised also the "devoted self-sacrifice" of the medical profession. Its members, he said, have upheld the traditions of medicine in "furnishing their services regardless of possible remuneration."

In matters of cold mortality statistics, Cumming attached data to his letter to show that among 75,000,000 insurance policy holders the death rate during 1931 was the same as that during 1930 but appreciably below the 1929 and 1928 rates.

Despite economic conditions, he said, infant mortality dropped from 58.1 per cent in 1930 to 55.8 per cent in 1931, the lowest in the nation's history. These statistics were computed on the basis of deaths under one year of age per 1,000 live births in 70 large cities.

Concerning matters of general health the Surgeon General's report said:

"I am very glad to be able to report to you that despite the economic depression throughout the country during the past year we have every reason to be thankful that in the matter of the most important wealth of the people, their health, the country has never been as prosperous in its history as during the year 1931.

"I am not unmindful of the apparent increase in sickness, due to the largely increased call upon free dispensary and hospital services, but on the other hand reports which have reached me from physicians engaged in private practice all over the country indicate that the increase in attendance at free hospitals and dispensaries is in large measure offset by decrease in pay practice of private physicians."

How Long Will I Live

Hugh S. Cummings, Surgeon General U. S. Public Health Service:

What progress, if any, is science making in the war against disease? The answer to that question carries a message of hope and cheerfulness.

A broad view of the improvement in the whole health situation is revealed by the increase in the duration of life. In Europe, in the Middle Ages, the average duration of human life, based on the figures available for certain cities, was only about 20 to 25 years. This is the present situation in India. Fifty years ago in the United States life expectancy at birth was about 43 years. The white child born even as recently as 1911 had a life expectancy of less than 52 years. Now this figure has reached approximately 58 years, and it is believed that the end in lengthening the expectancy of life at birth is not yet reached.

Perhaps the reader who is 57 would have no cause for rejoicing at a belief that his life is limited to 58 years. That the reader of higher age may be assured of his continuance in this world, I set out in the following tabulation the expectation of life, on the basis of mortality rates in 1928:

Age (Years)	Additional Years of Life to be Expected
At birth	58
1	60
3	59
5	57
7	56
12	51
22	43
32	34
42	26
52	19
62	13
72	8
82	4
92	2½
102	1½

Now a further word of cheer to some of those who are interested in computing their chances of living to a ripe old age. The figures given above include all races, but it should be recognized that members of the white race have a lower mortality rate than colored people, and hence a better chance to live longer. For instance, the statistics of the same insurance company showed that among every 100,000 colored people 1556 died in the course of the year, whereas only 824 white policyholders per 100,000 died.

DAYTON, O.
JOURNAL
MAR 14 1932

Negro Health Improves

Professor S. J. Holmes, in the current number of Science, cites census statistics to show how the health of the American Negro has improved in recent years.

The quoted census figures reveal an improvement of only 6 per cent between 1910 and 1920 as against a gain of 13 per cent between the years 1920 and 1930. In the earlier decade the deaths actually exceeded the births so that the growth of this element of population was due solely to migration. Discussing the general situation the New York Times says in part:

"If a great change has come for the better, it must be mainly a part of the improvement in living conditions experienced by the general population. Negro housing still constitutes a formidable problem and, as President Hoover's investigators recently reported, lags far behind conditions among white people of the same economic level; nevertheless Negro housing, too, has been lifted to a higher standard. Increased earning power seems an even bigger factor, and with better housing is reflected in a falling infant mortality—the result no doubt of better food and better care, with fewer mothers away from home on full-time employment. The birth rate has been going up, in part presumably because the large-scale migration after 1920 was more frequently a family migration than before that time, in part due to earlier marriage. The case of the Negro immigrant into the north would thus be parallel to that of the white European immigrant. In the earlier stages it meant broken families among those already married, and among the single a postponement of marriage until favorable economic status had been won."

The people of this race have made remarkable advancement since they achieved freedom, progressing probably faster than any other people in a similar length of time with the exception of the Japanese—and the latter had enjoyed civilization for hundreds of years before they ended their isolation.

MACON, GA.
NEWS
MAR 19 1932

Aids to Negro Health.

The disadvantage at which the Negro is placed in maintaining life and health has been recognized by the United States Public Health Service, which urges a year-round health program for the Negro population.

A "real problem," demanding the relief of poverty, education and an attack on the causes, was said by the Public Health Service to be presented by the present rate of death and sickness among Negroes.

A survey shows that the number of deaths among colored people is approximately one and two-thirds as many as in an equal number of white persons. In some communities, both urban and rural, this ratio is even higher. The Public Health Service suggests co-operation with public health officers to furnish facts and determine methods of procedure in attacking this problem.

It is suggested that the training and employment of Negro public health nurses would have a beneficial effect. Physical education and medical, dental, nutritional and nursing services should be established in Negro schools. In addition to all this, the Public Health Service thinks there should be a constant campaign for an understandable and workable relationship.

It is recalled that as far back as March, 915, the late Booker T. Washington, founder nd principal of Tuskegee Institute, said: The future of the Negro race depends upon he conservation of its health, and on that ate he issued a statement suggesting a week n the month of April each year to be known s "Health Improvement Week." It has now ecome what is known as National Negro lealth Week.

Ten years ago on March 4, 1922, the first National Negro Health Week radio broadcast went on the air from stations throughout the country, in co-operation with the United States Public Health Service, and progress was made.

After enumerating some of the diseases peculiar to the Negro race, the Public Health Service points out that these are often the result of lives too intensely and unwisely spent, a condition which not long ago needed little attention in the Negro's program of health, but which now accounts for an increasing number of deaths in the middle-age group of the colored population.

In some states and communities the death rate of colored persons is double that for

white persons and, taken as a whole, we find that the life expectancy of the American Negro is shorter by ten years than that of the white man. Aside from the heavy mortality, we must consider the losses incident to the cost of sickness, with attendant unemployment, poverty and misery.

The Public Health Service finds that there is no reason for hysteria on the subject, but there is a crying need for the wise use of knowledge and judicious use of practical agencies, "tempered withal by an understanding sympathy."

The National Negro Health Week begins April 3, but it will be seen from the argument of the Public Health Service that what we need is not a program for a week, but for an entire year, worked out with intelligence and sympathy.

SELMA, ALA.
TIMES-JOURNAL

MAR 17 1932

HIGH DEATH RATE AMONG NEGROES

While the decline in the death rate of negroes shows some gratifying improvements of recent years, there remains much work yet to be done to bring the health status of the negro to a plane of equality with that of the white man. The annual report of the Dallas County Health Unit just prepared shows that the average colored death rate was 17.4 per cent for 1931, while the white death rate was 11.4. This is a disparity of 35 per cent in favor of white people compared with the colored population. This ratio varies in the different urban and rural areas throughout the country, but it is known to reflect an unfortunate situation everywhere, and there is strong need for more effective measures to better safeguard the health of the colored people. Booker T. Washington said some 15 years ago that "the future of the negro race depends on the conservation of its health."

The negro is peculiarly susceptible to tuberculosis, pneumonia and the respiratory disesase, which are often fatal because of exposure and lack of proper medical care. Malaria also takes a heavy toll mong negroes in the South becuse it lowers vitality and induces complications of more serious ailments, and is aggravated by poverty and an unsanitary environment. The venereal diseases also play a large part in shortening the life span of the negro.

Aside from the humanitarian aspects of the problem of the negro's health, the white man has a very vital interest in it, for the health chain is no stronger than its weakest link. In some localities the death rate of colored persons is double that of white persons. The life expectancy of the negro is shorten by ten years than that of the white man and with these vital losses of the negro must be included the toll in the costs of sickness with attendant unemployment, poverty, misery and the costs of medical care. All of these evil and destructive factors which grow out of the unfortunate conditions surrounding the health of the colored people, should enlist the study and wise use of knowledge as well as all practical health agencies together with an understanding sympathy, to the end that the colored race may be better safeguarded against the diseases and privations to which they have been so long condemned.

BOTH RACES OUTLIVE INDIANS DESPITE RAVAGES OF T. B., CANCER AND DIPTHERIA

Skin Color A Factor In Disease, New York University Professor Claims, Helping To Limit Ailments In Many Cases

NEW YORK — "The common notion of the extreme longevity of Indians as a race is largely a myth," and Negroes and whites are longer lived, reports a writer in "Human Biology."

The writer, Forrest Clements, of the University of Oklahoma department of anthropology, has examined the federal mortality statistics, also the records of special Indian tribes, to arrive at his results.

Among other interesting racial distinctions which he points out are that Negroes and Indians seem to suffer less cancer than whites, but on the other hand their deaths from influenza and tuberculosis are higher than among whites. In the case of syphilis he finds the Negro rate about five times the Indian rate.

Diabetes Hits Whites

Diabetes causes more deaths among whites than Negroes and Indians, and the cancer death rate cause.

Deaths from child-birth diseases are twice as high among Negroes as among whites. The main causes of death for whites and Negroes are listed by the writer as follows:

WHITES:—Heart disease, kidney disease, Cancer, Pneumonia, Tuberculosis and Cerebral hemorrhage. Causes peculiar to early infancy.

NEGROES:—Heart disease, Pneumonia, Kidney disease, Cerebral hemorrhage, Causes peculiar to early infancy influenza.

Life insurance experts, such as Dr. Louis I. Dublin have attributed the Negro's high death rate from respiratory and other diseases to his economic handicaps, inadequate medical, nursing, and hospital facilities.

Diptheria Easy On Negroes

BIRMINGHAM, Ala. — That more than twice as many whites die from diptheria as Negroes that ten times as many whites commit sucide as Negroes, was the assertion made by Dr. J. N. Baker, of the Alabama State Health Department in emphasizing the need of obesrving National Negro Health Week here, Wednesday evening.

Speaking before a large mixed audience, Dr. Baker further declared that the Negro has suffered badly from the white man's diseases and ascribed the excessive mortality rate from tuberculosis to the fact that this disease was unknown in Africa, therefore, the Negro did not have the opportunity to develop a natural immunity to this disease.

A state-wide observance of National Negro Health Week will be held and the State Department of Health has promised wholehearted support and cooperation.

Color Affects Disease

NEW YORK — Diseases which may be said to affect Negroes more or less than whites solely because of the racial factor are only those disease which depend on a difference in skin color according to Dr. Harry Hakwin of New York University and Bellevue Hospital Medical College, who has recently completed a comparative study of differences between Negro and white infants in health and disease.

For example, rickets-preventing ultra violet light does not penerate the Negro skin as readily as the white skin, which explains why rickets and tetany occur more often in Negro than in white children in temperate regions. Dr. Bakwin explains in a report to the current issue of Human Biology.

"A second difference in the Negro skin is its reaction to external heat," Dr. Bakwin pointed out. "When the external temperature is high, body temperature regulation is better in the Negro than the white individual. This explains, in art at least, their greater ability to withstand high etxernal temperature, e, g., in stoke rooms, and the lower incidence among them of heat-stroke."

Another property of the skin, which is probably racial, may account for the comparative immunity of the Negro to various skin infections, such as erysipelas and boils, Dr. Bakwin continued.

MONTGOMERY, ALA.
ADVERTISER

MAR 20 19[illegible]

High Negro Death Rate

While the decline in the death rate of negroes shows some graitfying improvements of recent years, there remains much work yet to be done to bring the health status of the Negro to a plane of equality with that of the white man. The annual report of the Dallas County Health Unit just prepared shows that the average colored death rate was 17.4 per cent for 1931, while the white death rate was 11.4. This is a disparity of 35 per cent in favor of white people compared with the colored population. This ratio varies in the different urban and rural areas throughout the country, but it is known to reflect an unfortunate situation everywhere, and there is strong need for more effective measures to better safeguard the health of the colored people. Booker T. Washington said some 15 years ago that "the future of the Negro race depends on the conservation of its health."

The Negro is peculiarly susceptible to tuberculosis, pneumonia and the respiratory disease, which are often fatal because of exposure and lack of proper medical care. Malaria also takes a heavy toll among Negroes in the South because it lowers vitality and induces complications of more serious ailments, and is aggravated by poverty and an unsanitary environment. The venereal diseases also play a large part in shortening the life span of the Negro.

Aside from the humanitarian aspects of the problem of the Negro's health, the white man has a very vital interest in it, for the health chain is no stronger than its weakest link. In some localities the death rate of colored persons is double that of white persons. The life expectancy of the Negro is shorter by ten years than that of the white man and with these vital losses of the Negro must be included the toll in the costs of sickness with attendant unemployment, poverty, misery and the costs of medical care. All of these evil and destructive factors which grow out of the unfortunate conditions surrounding the health of the colored people, should enlist the study and wise use of knowledge as well as all practical health agencies together with an understanding sympathy, to the end that the colored race may be better safeguarded against the diseases and privations to which they have been so long condemned.—Selma Times-Journal.

Health - 1932

STUDY 1,000 FAMILIES IN HEALTH CRUSADE

Federal Service Doctors Pick Southern Rural Residents for Laboratory Subjects.

WASHINGTON, June 4 (AP).—With better health for all rural people as the goal, the United States Public Health Service is conducting a study in which 1,000 Southern country families are serving as "laboratory subjects."

The experiment, designed to reveal the health needs of country people and how existing rural health organizations are meeting them, was described today by Dr. Joseph W. Mountin before the conference of State and Territorial health officers with the Public Health Service.

"The information being secured includes general social and economic data, sanitary condition of the premises, present state of health of the members of the family, illnesses during the last twelve months, medical service received and contact with the Health Department," said Dr. Mountin.

The 1,000 families live in an area with 34,876 population, where all persons either live on farms or in small towns. Twelve physicians and six dentists practice in the region, but there are no hospital beds.

Dr. Mountain said the Public Health Service hopes to learn how much the people know about health measures and to what extent they put this knowledge into practice. Health officers need this type of information as much as knowledge of prevention and cure of disease, he declared.

LOWELL, MASS.
COURIER-CITIZEN

JUL 6 1932

Cancer nest of the nation, New England is shaded black on a map compiled and drawn by Russell Danforth Fessen. Our death rate per 100,000 of population is stated to be the highest in the United States. Ours is the only black section on the cancer map. The next most heavily shaded areas are a group of northern states from New York to Minnesota, and the entire line of Pacific coast states. Most of the southern and Rocky mountain states are lightly shaded. The states which are white, signifying a very low death rate from cancer, are South Carolina, Arkansas, Texas, Wyoming and South Dakota. Why New England should have this ominous pre-eminence we can only guess. It may be that on account of race suicide and emigration of your young men and young women we have an abnormally large proportion of elderly people; and that, as cancer is a disease of the old, high mortality rates from this cause are inevitable in this section. New England cooking conceivably may favor cancerous growths, just as it also makes diabetes very common among us corpulent Yankees. If the relationship of dirt and cancer were as close as some researchers have indicated the negroes with their large [illegible] dirt farmers, their [illegible] Negroes living in houses without bathtubs would be expected to have a cancer rate exceeding that of New England instead of vice versa. A climate housing people in during long winters may have something to do with New England's bad record, but California, whose specialty is fine climate, is among the highly cancerous. This may bring us back to the circumstance that where there are a lot of old people many of these are statistically due, unless they take great precautions, to die from cancer.

Magazine Discusses Negro Women and Birth Control

Courier 6-17-32

NEW YORK. — (By F. V. Smart for ANP)—The June number of the Birth Control Review is devoted almost entirely to a series of articles by eminent Negro writers and sociologists on the subject of birth control. Although comparatively few people, white or black, will admit an interest in birth control from a scientific viewpoint, it is an open secret that birth control is being practiced in various ways by thousands of women. Certainly the subject is of sufficient importance from the standpoint of health and economics to merit a study of the aims of the American Birth Control league.

The Negro number of the Birth Control Review has among its most interesting contributions articles by W. E. B. DuBois, editor of the Crisis; Charles S. Johnson, director of the department of Social Science of Fisk university; George S. Schuyler, well-known columnist; Dr. M. O. Bousfield, chairman of the Public Health committee of the National Medical Association of Negro physicians; Elmer A. Carter, editor of Opportunity, and other Negroes prominent in education and social welfare activities.

Miss Stella Hanau, editor of the Review, in an interview expressed the hope that Negroes will develop an increasing interest in scientific contraceptive methods as a safe and sane substitute for the many practices now prevalent which are a menace to health and marital happiness. Miss Hanau states that she hopes that "Negroes will not feel that they are a class being singled out for concentrated effort by this organization. It is the opinion of numerous leaders of the movement that many Negro women who would welcome contraceptive information are being deprived of it because of lack of knowledge of the value of such information. It is our hope that by the dissemination of this information and the co-operation of Negro physicians and social workers the passing of proper legislation may be hastened, so that those who need such information may receive it."

Higher Classes Get Information

It is an established fact that members of the privileged class, both white and colored, seek and receive contraceptive information from reputable physicians. All of the writers in the current issue of the Review agree that a knowledge of scientific birth control methods is sorely needed by the masses of Negroes. There are 75 birth control clinics in the country. Some are privately financed and others are part of the regular clinical service of hospitals. Many of these clinics extend their service to Negro women. Dr. Hannah M. Stone of the New York clinic and Dr. Mariki Lambichi of the Chester, Pa., clinic, state they find that Negro women are more easily taught than white women. This has also been the experience of Dr. Sophie Nabut, chief of the Spruce Street clinic, Philadelphia. This is an interesting bit of information which is worth pondering.

In discussing the subject of contraception, Mr. Schuyler feels that "Only women can thoroughly appreciate the dreadful toll in sickness and death the Negro woman must pay for her lack of knowledge of contraceptive methods." He further ventures the opinion that "If anyone should doubt the desire on the part of Negro women and men to limit their families, it is only necessary to note the large sale of "preventive devices" sold in every drug store in the various black belts and the great number of abortions performed by medical men and quacks. Scientific birth control is what is needed."

Least Competent Breed Rapidly

Dr. DuBois reminds us that "The mass of ignorant Negroes still breed carelessly and disastrously, so that the increase among Negroes, even more than the increase among whites, is from that part of the population least intelligent and fit, and least able to rear their children properly. The mass of Negroes know almost nothing about the birth control movement, and even intelligent colored people have a good many misapprehensions and a good deal of fear at openly learning about it. Like most people with middle-class standards of morality, they think that birth control is inherently immoral."

Dr. M. O. Bousfield gives the point of view of a highly-trained and progressive physician. He tells us that "As a reasonably well-informed physician, my interest in matters of public health, especially as they affect the colored population, has increased during the past five or ten years. I was, therefore, amazed at my own lack of knowledge in this important phase of public health work. I asked a few of my friends what they knew about birth control and found that they had given it little or no attention. This was true of physicians as well as laymen."

Terrors of Abortion

As a successful physician fully acquainted with existing conditions Dr. Bousfield declares that "The dangerous practice of abortion is one of the greatest blots on modern civilization and something must be done about it. No one knows accurately what the statistics are for the number of abortions done in this country, but, it is variously estimated as being from one abortion for every four live births, to as high as one abortion for every live birth. This is only one of the very good reasons for birth control; it might be given as one of the negative reasons. If birth control is to progress rapidly among colored people it is important that colored physicians, especially women practitioners, and colored nurses and social workers be thoroughly initiated."

In an interesting editorial opinion upon this series of articles Miss Hanau points out that:

"These articles throw light on the need for birth control among the underprivileged Negroes, on the lack of present facilities and on the receptive attitude of the Negro towards birth control. It is worthy of note that there has been comparatively little birth control work for Negroes and practically none by the Negroes themselves. It is apparent that Negroes are ready for birth control knowledge. Here is a field, hitherto unploughed, for leaders among Negroes and among birth control workers. Any comprehensive birth control program must include plans for extending clinical service and a better understanding of the issue to this part of our population."

NEW YORK HERALD-TRIBUNE

SEP 6 1931

Boys or Girls

The theory urged at the Genetics Congress at Ithaca by Dr. Jacob Sanders to the effect that boys are born when the prospective mothers eat soda but girls when the maternal diet is plentifully supplied with the opposing chemical, lactic acid, will be more novel to laymen than to physiologists. Neither group, however, is bound to accept it. Perhaps the chief objection to it is that it provides, like the more conventional chromosome theory of sex, no plausible explanation of the remarkable effects of such things as war or race upon the birth ratio of the sexes.

Among European and American whites there ordinarily occur about 104 or 105 male births for every 100 female ones. Negro races, on the other hand, produce only 102 or 103 boys for each 100 girls. Northern racial groups among the whites, such as the Swedes and Finns, may show as many as 109 male births to 100 females. There is convincing evidence that Jews, at least in some countries, produce an equal or greater excess of boys. Still more remarkable are the unquestionable figures made possible by statistics before and during the great war. Throughout all European countries which had many men under arms, even in Holland and Switzerland, which were not actually in the war, the proportion of male to female births rose during the war by one or two in each 100. These facts always have been a stumbling block to the orthodox chromosome theory of sex determination. According to this theory, worked out chiefly with that favorite domestic animal of the geneticists, the small fruit fly called *Drosophila melanogaster*, each female cell possesses two identical sex chromosomes called the X chromosomes. The male cell has only one of these X chromosomes and one of another type and shape called the Y chromosome. When these pairs are split and re-sorted in the act of mating the result, by pure chance distribution, should be an equal number of XX pairs and XY pairs; therefore, an equal number of boys and of girls. The only way to harmonize this with the actual and changeable predominance of boys in the sex ratio at birth is to assume that more girls than

boys die before birth and that these feminine deaths may be increased in certain races and by war, assumptions for which there is no direct evidence.

The soda and lactic acid theory is equally unfortunate. It is true enough that war affects the public diet, something which might well alter the acidity or alkalinity of average bodies much as does the feeding of lactic acid or of soda. But the probabilities are exactly the reverse of Dr. Sanders's theory. War-time diets usually are high in concentrated foodstuffs, such as wheat, which tend toward acidity, and low in the fresh fruits and vegetables, which encourage alkalinity. Accordingly, war should cause fewer boys to be born instead of more. It is evident, as Dr. Sanders himself admits, that more facts must precede far-reaching generalizations.

Health – 1932

HOUSTON, TEX.
POST DISPATCH

MAR 20 1932

Safeguarding Negro Health

THE year-round health program for the negro race in the United States, proposed by the Federal public health service, is a matter in which the white people as well as the negroes of the country have an interest. Especially should white people in the South have concern about negro health, for obvious reasons.

There are about 10,000,000 negroes in the United States and most of them live in the South. Statistics reveal that the life expectancy of the average negro is about ten years less than that of the average wht person, because of the negro's greater susceptibility to certain diseases, and the lesser care given to the protection of negro health. The death rate among negroes is said to be one and two-thirds higher than that of white people.

While the birth rate among negroes is larger than among whites, the net increase in the race is much smaller because of the high rate of infant and mother mortality, and also because of the high death rate among others of the race before they reach older years. Some negroes who survive the vicissitudes of early life live to phenomenal old age.

Here in the South where white people live in close proximity to negroes and where members of the two races come into contact daily, the matter of negro health is almost as important to the community as is the matter of health among white people. Negroes are employed in the homes of white people, preparing food and rendering other domestic service. They serve as nurses to white children and as housekeepers. They are employed in many offices and stores and more or less in many other places of business.

Under such conditions low health standards among negroes become a menace to the health of the white people of that community. For the protection of white folks' health, negro health should be safeguarded in our Southern communities.

The economic loss from sickness among negroes is another matter of concern to white folks. Every housewife knows how exasperating it is for the cook or the house girl to fail to show up for work because she is ill. Sometimes, of course, the missing servant is not really ill, but usually when she is absent, she is sick. That means loss of time, sometimes loss of wages, and inconvenience and maybe loss to the employer. Negroes in other lines of employment who are forced to lay off because of illness suffer heavy economic loss, and that loss is in turn reflected in the lowered prosperity of the community.

The public health service suggests as a program for raising the standards of negro health the training and employing of negro public health nurses, physical education and medical, dental, nutritional and nursing services in negro schools, and a constant campaign for an understandable and workable relationship. It is a program that no community having a considerable number of negro residents can afford to neglect.

SCRANTON, PA
TIMES

MAR 21 1932

Negro Mortality.

Statistics show that the number of deaths among colored people throughout the country is approximately 1 2-3 the number for a like number of white people in the nation at large and in some communities, urban and rural, this ratio is even higher. Because of this high death rate a year-round health program for the negro population of the United States is urged by the federal public health service. Better housing and the need for training and employing negro public health nurses for physical education and medical, nutritional and nursing services in negro schools are emphasized.

As long ago as March, 1915, the late Booker T. Washington said that "the future of the negro race depends on the conservation of its health." While the birth rate in negro families is large, the death rate is likewise large. Certain killing diseases also add to the depletion of numbers and racial vitality of the negro. Tuberculosis takes a heavy toll of the negro while pneumonia slays its thousands in the more rigorous climates and in the south malaria takes a considerable toll, not so much in deaths, we are told, as in lowered vitality and inability of labor to earn and prevent the poverty and misery of a chronic illness.

The life expectancy of the American negro is shorter by ten years than that of the white man. The problem facing the public health organization is a big one. Its success in a considerable measure will depend on the ability to educate the negro to his own best needs.

Plan Big 'Health Marathon'

Courier 4-9-32 Pittsburgh Pa.

BALTIMORE, Md., Apr. 7.—(ANP)—Invitations and entry blanks have been sent out to high schools, colleges and clubs in Maryland, Delaware, Pennsylvania, New Jersey, Virginia, and the District of Columbia for the eighth annual trans-city health week marathon which will be run through the city streets here on Saturday, April 23.

The race, sponsored under the joint auspices of the Baltimore Urban League and the Afro-American is a prominent windup feature in the celebration of National Negro Health Week, being in all probability the only affair of its kind held in direct conjunction with Health Week anywhere in the country. In previous years the official entry list has shown close to 100 starters.

Handsome prizes, including a cup and gold medal to the individual winner and a cup to the winning team have been provided in addition to a trophy for breaking the course record of 19 minutes, 44 seconds, for the 3.5 mile trek and a silver medal to the second runner to finish.

CHRONICLE

Clarksville Tex.

MAY 14 1932

Pot Likker Endorsed

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DECLINE NOTABLE IN NEGRO DEATHS

Courier 6-11-32

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Deaths from tuberculosis in the communities surveyed totaled 23,669 for the combined racial groups, white and colored; Negroes suffered 20 per cent of the total mortality from this cause. In 11 of the largest cities of the United States the proportion of tuberculosis mortality among Negroes varied as follows in 1931: In New York, 999 deaths in a total for white and colored of 4,922, or 20 per cent of all the mortality from this disease; in Chicago, 704 deaths out of 2,290, or 31 per cent; in Philadelphia, 568 out of 1,534, or 35 per cent in Baltimore; 457 in a total of 953, or 48 per cent ;in Washington, D. C., 353 out of 590, or 60 per cent ;in New Orleans, 387 out of 677, or 57 per cent; in Detroit, 398 out of 1,241, or 32 per cent; in Birmingham, 239 out of 303 or 78 per cent ;in Memphis, 306 out of 432, or 71 per cent; in St. Louis, 373, an increase of 2 per cent—while at the same time the tuberculosis death rate in 1931 in three of them, namely; Atlanta, 198, an increase of 8 per cent; Cleveland, 16, there was an increase in the mortality rate last year; these were Birmingham, St. Louis, Atlanta, Cleveland, Cincinnati, Indianapolis, Dallas, San Antonio, Dayton, Buffalo, Akron, Oakland, Seattle, Paterson and Rochester, N. Y. In the remaining 21 cities there were decreases in each of them in the tuberculosis death

Sixteen Cities Show Increase

Cleveland Deaths 404 per 100,000

In 14 of the cities of the United States with more than 50,000 colored the death rate from tuberculosis among Negroes in 1931 compared with that of 1930 was as follows: New York City, 286 per 100,000, a decline of 2 per cent; Chicago, 283, or 2 per cent less; Philadelphia, 24.7, 4 per cent less; Baltimore, 313, the same rate as the year previous; Washington, D. C., 262, a decline of 1 per cent; New Orleans, 291, an increase of 12 per cent; Detroit, 307, a decline of 22 per cent—greater there than among the whites, where the decrease last year was 14 per cent; Birmingham, 233, an increase of 2 per cent; Memphis, 432, an increase of 19 per cent—while the decrease among the whites was 13 per cent.

Health – 1932

HOUSTON, TEX.
POST DISPATCH

MAR 20 1932

Safeguarding Negro Health

THE year-round health program for the negro race in the United States, proposed by the Federal public health service, is a matter in which the white people as well as the negroes of the country have an interest. Especially should white people in the South have concern about negro health, for obvious reasons.

There are about 10,000,000 negroes in the United States and most of them live in the South. Statistics reveal that the life expectancy of the average negro is about ten years less than that of the average white person, because of the negro's greater susceptibility to certain diseases, and the lesser care given to the protection of negro health. The death rate among negroes is said to be one and two-thirds higher than that of white people.

While the birth rate among negroes is larger than among whites, the net increase in the race is much smaller because of the high rate of infant and mother mortality, and also because of the high death rate among others of the race before they reach older years. Some negroes who survive the vicissitudes of early life live to phenomenal old age.

Here in the South where white people live in close proximity to negroes and where members of the two races come into contact daily, the matter of negro health is almost as important to the community as is the matter of health among white people. Negroes are employed in the homes of white people, preparing food and rendering other domestic service. They serve as nurses to white children and as housekeepers. They are employed in many offices and stores and more or less in many other places of business.

Under such conditions low health standards among negroes become a menace to the health of the white people of that community. For the protection of white folks' health, negro health should be safeguarded in our Southern communities.

The economic loss from sickness among negroes is another matter of concern to white folks. Every housewife knows how exasperating it is for the cook or the house girl to fail to show up for work because she is ill. Sometimes, of course, the missing servant is not really ill, but usually when she is absent, she is sick. That means loss of time, sometimes loss of wages, and inconvenience and maybe loss to the employer. Negroes in other lines of employment who are forced to lay off because of illness suffer heavy economic loss, and that loss is in turn reflected in the lowered prosperity of the community.

The public health service suggests as a program for raising the standards of negro health the training and employing of negro public health nurses, physical education and medical, dental, nutritional and nursing services in negro schools, and a constant campaign for an understandable and workable relationship. It is a program that no community having a considerable number of negro residents can afford to neglect.

SCRANTON, PA
TIMES

MAR 21 1932

Negro Mortality.

Statistics show that the number of deaths among colored people throughout the country is approximately 1 2-3 the number for a like number of white people in the nation at large and in some communities, urban and rural, this ratio is even higher. Because of this high death rate a year-round health program for the negro population of the United States is urged by the federal public health service. Better housing and the need for training and employing negro public health nurses for physical education and medical, nutritional and nursing services in negro schools are emphasized.

As long ago as March, 1915, the late Booker T. Washington said that "the future of the negro race depends on the conservation of its health." While the birth rate in negro families is large, the death rate is likewise large. Certain killing diseases also add to the depletion of numbers and racial vitality of the negro. Tuberculosis takes a heavy toll of the negro while pneumonia slays its thousands in the more rigorous climates and in the south malaria takes a considerable toll, not so much in deaths, we are told, as in lowered vitality and inability of labor to earn and prevent the poverty and misery of a chronic illness.

The life expectancy of the American negro is shorter by ten years than that of the white man. The problem facing the public health organization is a big one. Its success in a considerable measure will depend on the ability to educate the negro to his own best needs.

Plan Big 'Health Marathon'

Courier 4-9-32
Pittsburgh Pa.

BALTIMORE, Md., Apr. 7.—(ANP)—Invitations and entry blanks have been sent out to high schools, colleges and clubs in Maryland, Delaware, Pennsylvania, New Jersey, Virginia, and the District of Columbia for the eighth annual trans-city health week marathon which will be run through the city streets here on Saturday, April 23.

The race, sponsored under the joint auspices of the Baltimore Urban League and the Afro-American is a prominent windup feature in the celebration of National Negro Health Week, being in all probability the only affair of its kind held in direct conjunction with Health Week anywhere in the country. In previous years the official entry list has shown close to 100 starters.

Handsome prizes, including a cup and gold medal to the individual winner and a cup to the winning team have been provided in addition to a trophy for breaking the course record of 19 minutes, 44 seconds, for the 3.5 mile trek and a silver medal to the second runner to finish.

CHRONICLE

Clarksville, Tenn.

MAY 14 1932

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Pittsburgh, Pa. Courier 6-11-32

Orleans, 291, an increase of 12 per cent; Detroit, 307, a decline of 22 per cent—greater there than among the whites, where the decrease last year was 14 per cent; Birmingham, 13 per cent; Memphis, 306 out of 432, or 71 per cent; St. Louis, 373, an increase of 18 per cent—while at the same time the tuberculosis death rate in 1931 in three of them, namely, Baltimore, Houston and Boston by 20 per cent; Atlanta, 198, an increase of 2 per cent; Cleveland, 404, an increase of 8 per cent—mortality rate last year; these were the white race rose by 12 per cent; Houston, 137, the same as ago; Pittsburgh, 130, a decline 9 per cent—while the death rate ong the whites was reduced by per cent.

Sixteen Cities Show Increase

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rate among Negroes.

Mr. Drolet also studied the death rate separately for the whites in the same communities. In 1931, whereas the tuberculosis death rate averaged for both races in 40 of the largest cities of the United States 80 per 100,000, among whites alone it was 62 only, but among Negroes it was 276, a ratio of 4.5 colored deaths to each single death among the whites instead of the former more common ratio of three to one. "The difference," thinks Mr. Drolet, "may be due to a greater rate of tuberculosis decline lately among whites living in cities for a longer period of time.

Exceed White Rate

"Excluding, in the consideration of the death rates in the two racial groups studied in the 40 cities, reports from health resorts sought by non-residents like San Antonio, there was not a single city in 1931," says Mr. Drolet, "among those studied, where a death rate above 90 existed among the whites, but in 37 of the 40 cities surveyed the Negro tuberculosis death rate was above 100." In many cities it was even higher than this; for instance, it was 300 per 100,000 in Denver; 303 in Memphis; 307 in Detroit, 309 in Kansas City, Mo.; 313 in Baltimore; 320 in Paterson; 324 in Toledo; 373 in both Newark and St. Louis, and 378 in San Francisco.

"Shocking death rates" of 468 per 100,000 Negroes were found in Cincinnati as compared with a mortality rate of 68 among the whites; of 491 in Buffalo, as against 68. In these last two cities the Negro death rate was seven times that of the white population. In Milwaukee, with a death rate of 528 among Negroes, it was eight times the white rate of 67.

New York City 999 Deaths Last Year

New York City contains the largest urban aggregation of Negroes namely, 349,059 in 1931. Here they suffered 999 tuberculosis deaths that year as against 971 in 1930, but with the annual increase of population the death rate, 286 per 100,000 population in 1931, was 2 per cent lower than that of 1930 at 292. Whereas Negroes are approximately 5 per cent of New York City's entire population, they had 20 per cent of the entire mortality in the city from this disease, and in certain sections particularly of Manhattan, this has been increasing of late. Thus, in the Harlem Hospital District, which at the last Federal census had 142,958 colored residents, the number of deaths from tuberculosis has risen in that section of the city almost continuously since 1926, when it was 165; in 1931, for the pulmonary type of tuberculosis alone, it had reached 224.

While the present tuberculosis death rate among Negroes in cities is still high, Mr. Drolet says there is not the slightest doubt but that the race wll contnue maknig progress against it as had been attained by other groups. He points out for instance, that as against a tuberculosis death rate for all the colored in New York City in 1931 of 296 per 100,000, a generation ago namely in 1905, it was 606; and there has, therefore, been a reduction of 51 per cent during that period. Again, he notes that in New Orleans, whereas, in 1902, the tuberculosis death rate among the colored males was 761 per 100,000 population, in 1930 it was cut almost exactly in half and was 383; among females, during the same period the tuberculosis death rate has declined from 511 to 222, or by 57 per cent.

Mr. Drolet, the author of the survey of tuberculosis mortality in large cities of the United States besides being statistician of the New York Tuberculosis and Health Association is also a consulant for similar services to the Harlem Tuberculosis and Health Committee; during the World War he was statistician of the Commission for the Prevention of Tuberculosis in France.

T.B. Rate Lowest in Syracuse, N.Y., and Portland, Oregon

Highest in Milwaukee, Cleveland, St. Louis, Cincinnati. New York, Chicago, Philadelphia and Baltimore Below Atlanta and Memphis.

NEW YORK. — (ANP)—The reports recently compiled by G. J. Drolet, of the New York Tuberculosis and Health Association show in the following table, the mortality figures for the group from tuberculosis:

WHITE AND NEGRO TUBERCULOSIS MORTALITY IN 40 LARGE AMERICAN CITIES IN 1931

City	Population 1931		Tuberculosis Deaths		Death Rate	
	White	Negro	White	Negro	Wh.	Ne.
New York City	6,741,030	349,059	3,923	999	58	286
Chicago	3,209,644	249,079	1,586	704	49	283
Philadelphia, Pa.	1,736,461	230,010	1,066	568	61	247
Detroit, Mich.	1,509,054	129,728	843	398	56	307
Los Angeles, Calif.	1,276,965	41,738	1,063	74	83	177
Cleveland, Ohio	836,596	76,466	537	309	64	404
St. Louis, Mo.	731,470	96,474	518	360	71	373
Baltimore, Md.	667,313	146,226	496	457	74	313
Boston, Mass.	764,139	21,089	513	51	67	242
Pittsburgh, Pa.	622,665	57,088	367	74	59	130
San Francisco, Calif.	645,996	3,973	548	15	85	378
Milwauke, Wis.	584,874	8,144	389	43	67	528
Buffalo, N.Y.	566.494	14,667	387	72	68	491
Washington, D.C.	358,117	134,763	237	353	66	262
New Orleans, La.	334,355	133,132	290	387	87	291
Cincinnati, Ohio	407,265	49,982	276	234	68	468
Newark, N.J.	404,180	41,551	255	155	63	373
Kansas City, Mo.	369,402	39,532	207	122	56	309
Seattle, Wash.	368,360	3,353	282	8	77	239
Indianapolis, Ind.	325,156	45,099	197	125	61	277
Rochester, N.Y.	329,268	2,213	173	3	53	107
Louisville, Ky.	268,390	48,240	220	81	82	168
Houston, Texas	244,223	66,919	159	92	65	137
Portland, Ore.	305,565	1,559	192	1	63	64
Columbus, Ohio	263,026	34,067	191	83	73	244
Toledo, Ohio	282,335	14,182	199	46	70	324
Oakland, Calif.	284,584	7,748	104	11	37	142
Denver, Colo.	284,344	7,342	280	22	98	300
Atlanta, Ga.	185,470	93,402	72	185	39	108
St. Paul, Minn.	272,030	4,077	117	7	43	172
Dallas, Texas	232,316	40,537	123	95	53	234
Birmingham, Ala.	166,947	102,594	69	239	41	233
Memphis, Tenn.	163,3[illegible]	100,864	126	306	77	303
Akron, Ohio	248,973	11,751	78	17	31	145
San Antonio, Tex.	221.676	18,422	368	27	66	147
Syracuse, N.Y.	211,935	1,977	106	1	50	51
Dayton, Ohio	188,827	18,060	91	41	48	227
Paterson, N.J.	135,711	3,123	74	10	55	320
Kansas City, Kan.	103,842	20,538	63	40	61	195
Elizabeth, N.J.	111,782	5,101	64	5	57	98
Total, 40 Cities:	26,964,132	2,474,469	16,849	6.820	62	276

New York American
SEP 29 1932

On Science Frontiers

By Gobind Behari Lal

"IN spite of the unfavorable business conditions and wide unemployment there have been fewer deaths than under the very best health conditions previously known."

So comments the chief statistician of the Metropolitan Life Insurance Company in a bulletin published to show the death rate in this country during the first half of 1932.

According to these estimates, the cumulative death rate for the first six months of the current year stands at 9.2 per thousand, the lowest previous record being 9.4 per thousand.

* * *

"NEVER before during the Winter and Spring seasons of any year has the general health of the industrial population of the United States and Canada measured up to the record of 1932," continues the commentator.

Colored persons appear to have fared even better than the Nordics. Especially has the death rate fallen among these people in regard to such diseases as brain hemorrhage, heart disease and chronic nephritis.

* * *

FOR the American people as a whole, we are told, "the death rates for diphtheria, tuberculosis, pneumonia and diarrheal diseases and puerperal conditions are at the lowest points ever recorded up to the end of June."

In tuberculosis the drop in mortality is sharp, being 8.1 per cent. Automobiles have killed less people, and also murder in general. Suicides have increased slightly. Unfortunately, cancer takes a greater toll than previously.

* * *

IN England there is a movement to make cremation of the dead fashionable. The argument is that as the world population increases there will be less and less ground left for cultivation of foodstuffs if the custom of burial continues taking up a lot of space.

Miss Alec Tweedie, a British enthusiast for cremation and daughter of a noted scientist, exclaimed at a recent conference at Brighton, near London, "Without birth control and cremation where will the end be?"

WILMINGTON, DEL.
EVERY EVENING
SEP 2 1932

AMERICAN CENTENARIANS.

Uncle Sam's census shows that proportionally there are more Negroes who live to reach five score years than whites. Almost 50 per cent of our centenarians are of the former race. However, the number, having reached the 100 year mark, has shrunk from 4,267 in 1920 to 2,467 in 1930. Just what is responsible for the decrease no one seems to know.

Blessed is the man who can spend 100 years of happiness on this sphere, unannoyed by illness and suffering, worries and responsibilities he is unable to meet. He is not only fortunate but rare, for those who expect only calm weather and smooth sailing as they pass by are sure to be mistaken.

Perhaps members of the colored race come nearer to attaining perfect happiness than their more materially fortunate fellows. Mirth and laughter perhaps comprise the saving grace that safeguards them. Who else can smile so blandly at the approach of untoward happenings that it can find no lodgement in their minds? There are, of course, white men and women who can "laugh off" threatening trouble and tribulation, but they are few compared with the colored folks, who sing or smile their cares away.

Health-1932

TUBERCULOSIS WORK FOR NEGROES REVIEWED

Constitution
2-21-32

Need of Unusual Activity Shown in Report by President R. K. Rambo.

Atlanta

Need of unusual activity in prevention and cure of tuberculosis among Atlanta's colored population, and the response which that need has developed, were described Saturday by R. K. Rambo, president of the Atlanta Tuberculosis Association, in reviewing last year's record of work of the colored branch of the association.

Rev. S. M. Bryant, pastor of the Union Baptist church, has been elected chairman of the colored branch, Mr. Rambo announced. Associated with him, said Mr. Rambo, are 23 other persons, leaders of the race in Atlanta, including college presidents, physicians, dentists, social workers and businessmen.

In the association's clinics were treated last year 1,278 colored patients, comprising 36 per cent of the clinical cases.

"These were not all active cases of tuberculosis," Mr. Rambo pointed out, "many of them being children who are kept under care because it is essential that preventive measures be adopted early in order that the children may escape the dread disease.

"The colored death rate from tuberculosis in Atlanta and vicinity is more than twice as high as that of the white group. The cause of this involves the study of both medical and sociological problems. In Atlanta Tuberculosis Association there are two full-time colored nurses, one part-time nurse, and two student workers in the field of health education."

It was pointed out that the human problem is the same as concerns both races, because of the relation of colored residents as servants and frequent visitors in homes and places of occupation of white citizens.

The Atlanta Tuberculosis Association, one of the societies in the Community Chest, offers free medical service, examination, clinical treatment, and home visitations to those unable to pay for the service. A volunteer medical staff gave last year medical service estimated as of $70.000 value.

Savannah, Ga., News
Nov. 1931

NEGROES AROUSED ON HEALTH MATTERS

TO IMPROVE CONDITION

Plan Observance of Health Week April 3 to 10

Aroused by the startling disclosures of the Health Bulletin of the Savannah Health Department regarding the high mortality rate among the colored people of the community, Dr. F. S. Belcher has been authorized by the South Atlantic Medical Society to formulate plans to bring about city-wide observance of National Negro Health Week, April 3-10 inclusive.

Representatives of Woman's Auxiliary to the Medical Society, Ivy Art Circle, Graduates Nurse's Association, Priscilla Art Circle, Chatham-Tuberculosis Association, Sarah Allen Sewing Circle, the Junior Matron's Club, Order of the Eastern Star, city schools, lodges and churches met at the call of the chairman, Dr. Belcher on last night at Carnegie Library to formulate plans, appoint committees, and select speakers to touch all phases of negro life with the gospel of better health.

Dr. Jamerson in addressing the body, called attention to the fact that, colored people must be made to understand, that employers of labor are linking up good health as one of the main qualification for securing and retaining jobs. Laying off for bad colds and other preventable ills will no longer be tolerated by those hiring labor in these days of keen competition and the demand for the utmost value for every dollar spent for labor.

The chairman outlined the following schedule to be considered as the norm around which the whole project will function. Sunday, May 3, mobilization day; Monday, May 4, home and health; Tuesday, May 5, community sanitation and health; Wednesday, May 6, school and health; Thursday, May 7, adult health; Friday, May 8, special campaign; Saturday, May 9, hygienic survey; Sunday, May 10, mass-meeting and reports.

In order to have a well planned and effective organization, Dr. Belcher is holding meetings at the Carnegie Library every Friday evening at 8 o'clock.

An important subject broached by Dr. E. J. Smith on last evening was, the futility of spasmodic effort to arouse colored people only once per year. He said, that there should grow out the organization this year a permanent set up, which would function for fifty-two weeks of the year. Co-operate with the City Health Department and other agencies as to the best method of getting over to the number of our negro population, the great need of better health as of economic value to the city. Certain disease, said he, are causing us to be regarded as bad risk in the insurance world, and other evil effects are directly felt in our community as result of negro carelessness in trying to improve his health and decrease mortality. Both colored workers of the Savannah Family Welfare Society were present and presented some statistics and also pledged the support of the society to Negro Health Week observance.

Among the committees appointed, was one to visit all the colored ministers' unions, asking them to preach special sermons on Sunday, May 3, and appoint representatives from their congregation to attend the meeting at Carnegie Library on next Friday night at 8 o'clock.

AID FOR PARENTS.

Seventeen volumes and pamphlets bearing on child health, made up from reports and information submitted to the recent White House conference on child health and protection, are now available to the public.

Constitution
4-30-32

The volumes are a valuable mosaic on child life, each book dealing with a different phase of child welfare and containing new and authoritative information. Of the books and pamphlets already in print, one is general, giving the main high lights of the White House conference, seven are in the medical field, five are educational, two treat of public health problems, and two are in the social welfare field.

Dr. H. E. Barnard, director of the conference, announces that additional books are being prepared and will appear from time to time until in the neighborhood of 40 volumes have been published.

The best posted authorities on child welfare in every section of the country either attended or contributed to the findings reported to the White House conference, and these booklets should be invaluable to those having the responsibility of the development of the minds and bodies of children.

COLORED CHURCHES TO AID HEALTH DAY

Colored churches in Atlanta Sunday will join the nation-wide observance of Child Health Day with special attention being given to the campaign for funds to equip a children's ward at the Battle Hill sanitarium. Special exercises will be held in all of the churches, following the program set out in proclamations by President Hoover and Governor Russell.

Constitution
5-1-32

NEGRO WARD SEEN FOR CANCER CLINIC

Conversion of Basement Expected To End Steiner Medical Group Row.

Constitution
5-18-32

Amicable adjustment of the latest row between Steiner cancer clinic and the Fulton County Medical Association through conversion of the basement of the hospital into a negro ward, thus eliminating admission of pay and part-pay patients to the institution, was seen Wednesday.

The Grady board of trustees has instructed John B. Franklin, superintendent of Grady, to investigate the feasibility of the plan, suggested by Mayor James L. Key, and Franklin said Wednesday he will confer with Dr. Joseph H. Hines, medical director of Grady, and will file a report at the next meeting of the Grady board of trustees.

Samuel C. Dobbs is chairman of the board and the meeting is subject to his call.

While the board was attempting to work out a plan to forestall a possible impasse between the Steiner staff and the medical association, the official "bulletin" of the society, published a list of doctors equipped to treat cancer. The entire back page of the bulletin is devoted to advertisements listing about 15 who are so equipped.

The bulletin was regarded as the answer of doctors to purported claims of the clinic that it is best equipped to handle cancer cases, and that unless administered at Steiner, the patient cannot have the benefit of the latest and most scientific treatment.

Mayor Key said Wednesday that his idea was to utilize the clinic to the fullest.

"If the basement is converted into a negro ward, there will not be room to treat other patients except charity ones," the mayor said. "This would put an end to the row, and pave the way for better treatment of charity cases.

"The contract between the city and Steiner trustees and the will of Mr. Albert Steiner, founder of the clinic, contemplates that all charity cases shall be treated at the institution. For many years it has been the custom to treat negroes in the negro unit of Grady. The new plan would make greater use of Steiner ward add blessing to those who are afflicted and eliminate the cause of the most recent row."

Society Defied By Staff.

Several weeks ago, the Fulton County Medical Association passed resolutions calling on members of the Steiner visiting staff, composed of leading Atlanta physicians, to resign unless the institution desisted in its participation in the practice of medicine through acceptance of pay and part pay patients.

Constitution
5-19-32

The staff defied the society and addressed a communication saying it would not resign, and unless the matter is adjusted before January 1, 1933, a crisis might develop in which the staff would face ejection from the society if it failed to resign.

Atlanta

Adoption of the Key plan would, it was believed, eliminate the cause of the trouble, because if the basement is utilized by negro charity patients, there would not be room for pay or part pay patients, it was pointed out.

Daily Press, Va., Sentinel
Sept. September 30, 1932

Health Program Started For Colored People

Winston, Ga., Sept. 26.—There was held at the new Mountain Top church a meeting in which was initiated a program of health improvement for the colored people of this community. This program was initiated by the director of the State Department of Public Health, Dr. T. F. Abercrombie. It is to be carried on with local leadership under supervision of and in co-operation with the State Department of Public Health. Dr. David L. Seckinger, the epidemiologist, who visited the community while the schools were in session, spoke briefly of the necessity of wholehearted co-operation on the part of the people of the community with the local leaders, and in turn introduced Dr. Abercrombie.

The director stated in essence that the purpose of this health program is to discover those in the community who are not well, advise how they may get well, and create an environment in which all may stay well, to the end that the results of such a program may serve as a basis for more effective health programs in other similarly situated rural communities in the state.

Dr. W. K. Burnett, Mr. W. R. Thomas, county school superintendent-elect and Mr. Brittain were present; and each expressed a willingness to help in any possible way to make this health program succeed. Messrs. J. M. Baker and I. Mathis, speaking in behalf of the colored citizens of the community, expressed their willingness to co-operate, and their appreciation especially to Dr. Abercrombie and Dr. Seckinger for offering to the colored people of Winston such a needed health service.

Columbus, Ga. Enquirer-Sun
Wednesday, December 7, 1938

NEGROES IN THE NORTH

Statistics point out that negroes who moved north in the past few years are dying at a rapid rate. In many northern states the death rate among the colored for several years has exceeded the birth rate.

Later figures show a more serious condition. Because of lack of proper housing and health measures, coupled with the climatic conditions, to which the race has not been accustomed, tuberculosis is making alarming inroads among the blacks. The great majority of the afflicted negroes are those who have migrated there within the past few years, it is said.

Dr. Lynn Mahaffey, New Jersey director of health, says social agencies in that state are confronted with the task of aiding health authorities in arresting tubercular ravages among the state's negro population.

Continuing, this official says:

"The death rate among Negroes from tuberculosis was 197.3 per 100,000 for 1931, compared with a rate of 50.7 for white inhabitants This was an improvement over 10 years ago, when the rate for Negroes was 272.2 and for whites 75.5, but leaves room for much further improvement.

"Climatic conditions may play an important part in influencing the higher death rate among Negroes. Unfavorable economic conditions among the thousands of Negroes who migrated to New Jersey in the post-war days is undoubtedly another factor contributing to the high rate.

"In New Jersey, during 1930, 264 Negroes died from tuberculosis for each 100,000 population, while 58 white people per 100,000 died from the disease. In other words, the Negro population of New Jersey is dying 4.6 times as fast from tuberculosis as the white population.

"Although the Negro population of New Jersey, according to the last census was only 5 per cent of the total, Negro deaths from tuberculosis made up 20 per cent of all tuberculosis deaths. The State Department of Health feels this to be a social and economical problem and hopes for a lowering of tuberculosis death rates in the cities of the States which are so seriously affected."

History and science tell of whole races that have perished because of moving to climates severely different from what they and their ancestors had been accustomed to. Centuries of living in one climate had acclimated each race to its own climate and as soon as they emigrated the races began to die out.

This is probably what is happening to the negroes who have moved north.

Health -1932

Her Syphilitic Study.

The Union
2-25-32

Chicago.—(A. N. P.)—Miss Lenoir Beatrice Smith, who is pursuing advance work in biology and in clinical chemistry at the University of Chicago, preparatory to the assumption of duties at the new Provident hospital has just published in colaboration with Mr. John B. Garrett of the Tuskegee Veteran's hospital an article in the current number of the Medical Bulletin of the U. S. Veteran's Administration. The paper is entitled "The Incidence of Syphillis in 5,000 Negro Ex-Service Men" and covers a study of the routine Wasserman Tests made in the Veterans hospital during the period of hospital's operation. Of all patients admitted 23.7% were found to be syphilitic. The figures vary sharply with some of the general opinions regarding the prevalence of the disease among Negro men. 18.1% of the patients were competent patients. 5.6% were incompetent.

Cincinnati
Ohio

Health—1932

KANSAS CITY, MO.
STAR

APR 5 1932

Working for Community Health.

The health of any community or portion of it is in good part a matter of education and, in larger part, of prevention. The one produces the other. An aroused attention to health conditions through the spread of information and through pleas for its use will lead to the preventive measures that must be operative for good results. That is the consideration behind special emphasis upon Negro health in Kansas City and in other centers of the country this week. Those who sponsor this annual event believe that its increasingly wide observance means lowered death rates, lessened disease prevalence, better control of infection and better sanitary and other conditions that will tend to insure individual and community safety in the future.

It is a reasonable assumption, the only basis, in fact, upon which progress can be expected. It relates not simply to one racial group or section of a community, but to all. The Negro in the large city is peculiarly the victim of certain diseases, notably tuberculosis. The fullest possible control of this infection, as of others, is a community problem. In most matters of health, no section of a city is secure while another is endangered. Health observance is not a question of a single week, but impetus can be given to the precaution and protection needed throughout the year. The leaders in the Negro health observance are at work in the interest of the entire public.

KANSAS CITY LEADS OTHER CITIES WITH HEALTH PROGRAM

Kansas City Star 10-7-32

Kansas City again leads all cities in the United States for its efficiency in organizing an outstanding program of health conservation among its Negro citizens, according to a special communication received by the Kansas City Tuberculosis Society from Dr. Roscoe C. Brown, director of the National Negro Health Week movement in Washington, D. C.

A new blend of community interests was affected in this year's program with the joint meeting of the Jackson County Medical Society and the Kansas Medical Society. The public meeting addressed by Dr. Brown and the remainder of the health meetings in which representatives of both races were present.

A greater effort was made to bring more patients into the offices of their family physicians for regular health examinations and seven free clinics were opened for those who could not afford to pay for this medical service.

Health - 1932

Infant Death Rate for 1932 Lower Than in 1931

The infant death rate for the first seven weeks of 1932 is 51.2 per 1000 births as compared with 71.3 for the corresponding period in 1931, which means approximately the saving of 3,500 infants' lives, according to a statement issued yesterday by the Department of Health. The general death rate is 10.76, as against 14.51 in the first seven weeks of last year a difference of 4.21 or the saving of 3,623 lives, taking into consideration the increase in population.

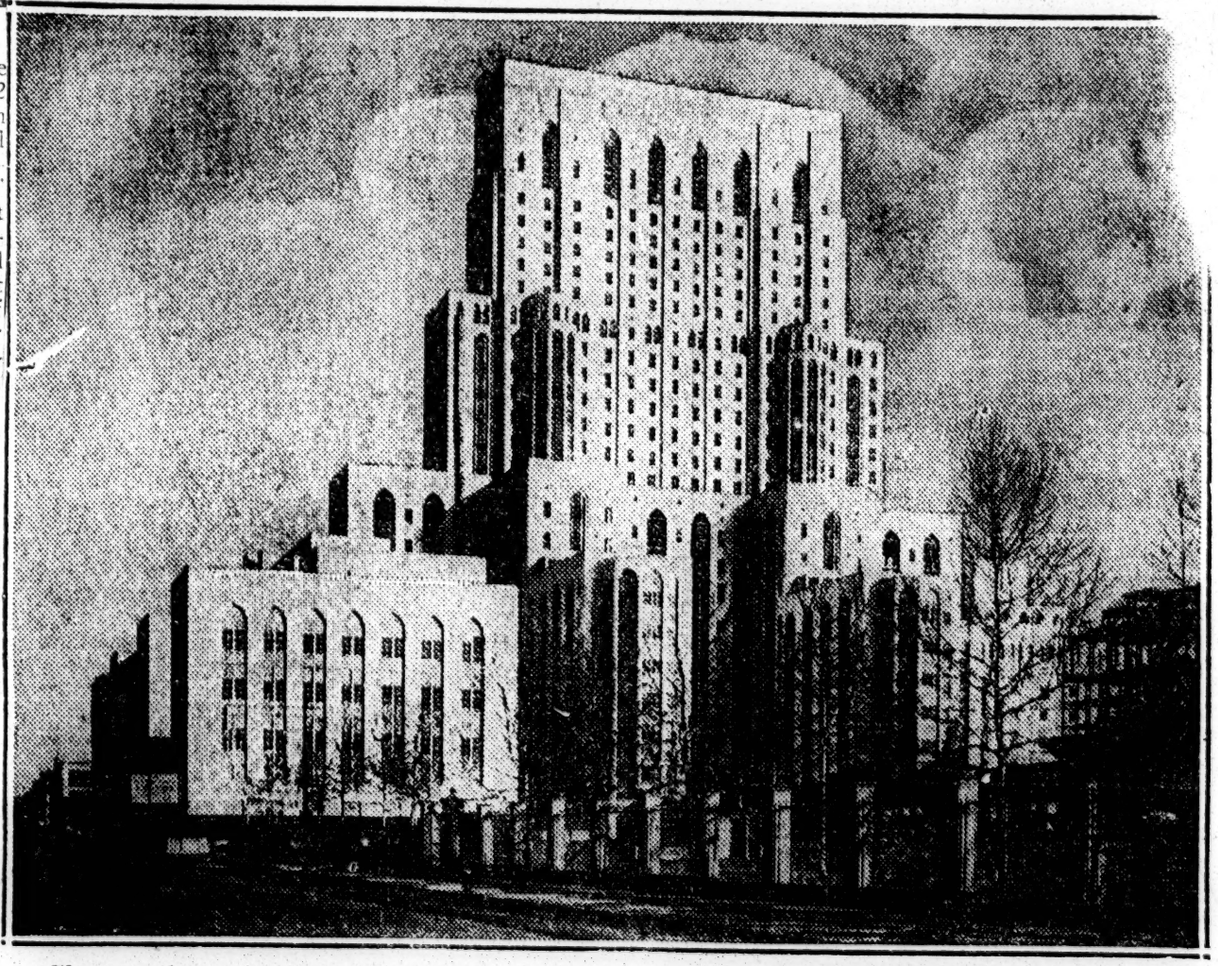
These figures were made public in view of the fact that scarlet fever cases are more numerous now than at this time last year, although the death rate from that disease is no higher. In the first seven weeks of this year there were 3,778 cases of scarlet fever, as against 2,179 in the corresponding period in 1931. Yet despite the increase of 1,579 cases over last year's similar period there have been only sixteen deaths, the same as in the first seven weeks of 1931.

"The increase in the prevalence of scarlet fever is no cause for alarm," said Dr. Charles F. Bolduan Director of Bureau of Health Education yesterday, "for although many cases are being reported there tre few deaths. It must be borne in mind that the disease usually is more prevalent at this time than at any other season. Although 3,778 cases have been reported in the first seven weeks of 1927 when 4,592 cases were reported.

"Inasmuch as even a mild case of scarlet fever may be followed by serious kidney trouble we advise all parents to exercise extreme care. If your child has a sore throat, a high temperature or if there is any other indication that his condition is below normal you should put the child to bed and call the doctor. It does not pay to take any chances."

While deaths under the age of five years were lower last week than in tre corresponding week in 1931, deaths in the five to 24 year group were higher, as were the deaths in the five to 24 years and 65 years and over groups. In the 25 to 44 years and 45 to 64 years groups the mortality was lower than in the corresponding week of last year.

NEW YORK'S NEW CITADEL OF HEALTH--FOR ALL RACES



Shown above is the splendid new Cornell Medical Center, erected by the New York Hospital, in co-operation with the Cornell Medical College in New York City. The center, when completed, will include 14 large buildings covering three city blocks. In institutions of this kind the laws of the State of New York guarantee no discrimination on account of race or color.

White Plague Now Black Man's Worry

Statistician Reveals, However, That Death Rate From Tuberculosis Is Being Steadily Reduced

"In forty of the largest cities of the United States, with a total Negro population of 2,474,469, there were 6,820 deaths from tuberculosis in 1931 and a death rate, therefore, of 276 per 100,000," according to a survey just completed by Godias J. Drolet, statistician of the New York Tuberculosis and Health Association, based upon direct reports of the health commissioners of each community.

"In spite of the economic depression and possibly a greater amount of unemployment among Negroes in the large American centers, there was," says Mr. Drolet, "still some gain against tuberculosis in 1931, since the death rate fell by 1.3 per cent from the 279 per 100,000 it was in 1930."

Deaths from tuberculosis in the communities surveyed totalled 23,669 for the combined racial groups, white and colored; Negroes suffered 29 per cent of the total mortality from this cause. In eleven of the largest cities of the United States the proportion of tuberculosis mortality among Negroes varied as follows in 1931: In New York, 999 deaths in a total for white and colored of 4,922, or 20 per cent of all the mortality from this disease; in Chicago, 704 deaths out of 2,290, or 31 per cent; in Philadelphia, 568 out of 1,634, or 35 per cent; in Baltimore, 457 in a total of 953, or 48 per cent; in Washington, D. C., 353 out of 590, or 60 per cent; in New Orleans, 387 out of 677, or 57 per cent; in Detroit, 398 out of 1,241, or 32 per cent; in Birmingham, 239 out of 308 or 78 per cent; in Memphis, 306 out of 432, or 71 per cent; in St. Louis, 360 out of 878, or 41 per cent; and in Atlanta, 185 out of 257, or 72 per cent.

"Consumption, the bane and danger of city life, formerly was called the White Plague, but it might as well now," says Mr. Drolet, "also be called the Black Man's Plague in these places."

In fourteen of the cities of the United States with more than 50,000 colored the death rate from tuberculosis among Negroes in 1931 compared with that of 1930 was as follows: New York City, 286 per 100,000, a decline of 2 per cent; Chicago, 283, or 2 per cent less; Philadelphia, 247, 4 per cent less; Baltimore, 313, the same rate as the year previous; Washington, D. C., 262, a decline of 1 per cent; New Orleans, 291, an increase of 12 per cent; Detroit, 307, a decline of 22 per cent—greater there than among the whites, where the decrease last year was 14 per cent; Birmingham, 233, an increase of 2 per cent; Memphis, 303, or 2 per cent less; St. Louis, 373, an increase of 16 per cent—while at the same time the white tuberculosis death rate went up by 20 per cent; Atlanta, 198, an increase of 2 per cent; Cleveland, 404, an increase of 8 per cent—while the white rate rose by 12 per cent; Houston, 137, the same as a year ago; Pittsburgh, 130, a decline of 19 per cent—while the death rate among the whites was reduced by 13 per cent.

New York City.

New York City contains the largest urban aggregation of Negroes, namely, 349,059 in 1931. Here they suffered 999 tuberculosis deaths that year as against 971 in 1930, but with the annual increase of population the death rate, 286 per 100,000 population in 1931, was 2 per cent lower than that of 1930 at 292. Whereas Negroes are approximately 5 per cent of New York City's entire population, they had 20 per cent of the entire mortality in the city from this disease; and in certain sections, particularly of Manhattan, this has been increasing of late. Thus, in the Harlem Hospital district, which at the last Federal Census had 142,958 colored residents, the number of deaths from tuberculosis has increased from 459 in 1929 to 517 in 1930, and to 532 in 1931; and the death rate from pulmonary tuberculosis has risen in that section of the city almost continuously since 1926, when it was 165; in 1931, for the pulmonary type of tuberculosis alone, it had reached 224.

While the present tuberculosis death rate among Negroes in cities is still high, Mr. Drolet says there is not the slightest doubt but that the race will continue making progress against it as has been attained by other groups. He points out, for instance, that as against a tuberculosis death rate for all the colored in New York City in 1931 of 296 per 100,000, a generation ago, namely in 1905, it was 606; and, there has, therefore, been a reduction of 51 per cent during that period.

Dr. Wright Flays Vitality Statistics

Amsterdam News

Hits Author of "Race Traits" in Magazine Article

2-11-7-32

New York, N.Y.

Dr. Louis T. Wright, secretary of the medical board and visiting surgeon at Harlem Hospital, takes a "hefty crack" at some of the medical findings about the Negro in this month's Opportunity magazine.

Dr. Wright, who was the stormy petrel in the fight to prevent the establishment of a Rosenwald hospital in the city, levels his guns especially on Dr. Frederick S. Hoffman, chief statistician of the Prudential Life Insurance Company and author of "Race Traits and Tendencies."

He says "It is unecessary to point out that the medical diagnosis and observations among Negroes generally in this country are faulty outside of those made in a few large medical centers. All of the comparative work quoted in this article was conducted by inherently prejudiced observers. The statistics of Louis I. Dublin are the only worth-while statistics quoted and they are not entirely accurate. Hoffman is quoted at great length, and after three decades of ceaseless statistical research activity it is now evident that Hoffman has missed more points with his statistics, and prophecies based upon his statistics, than any man in the history of the world. Of interest is the fact that Hoffman made dire predictions about thirty years ago as regards the complete extinction of the Negro race from disease causes in a near future.

N. Y. EVENING POST

AUG 8 1932

GIVIN[illegible]OREN A CHANCE

A recent investigation by Health Commissioner Wynne showed that there had been an increase in malnutrition among school children. This development meant greater activity on the part of the Children's Aid Society, which was giving a substantial luncheon to 1,000 malnourished children a day. The number has risen to 1,600. Many children who have been ill but have recovered sufficiently to be able to leave the hospital need attention for some weeks afterward. The society provides such attention for 1.800 children yearly. Its Milbank Home at Valhalla is the only place where convalescent boys between eight and sixteen find a welcome. Harlem presents a special problem. With four of every five mothers at work outside of the home, juvenile delinquency is naturally higher among Negroes in this city than among whites. The Harlem Children's Center, like the society's seven other centers, offers a program of hand work, games and free play. More than a thousand boys and girls make use of these Harlem facilities daily. Then there are boys' and girls' camps, training schools for homeless boys and other undertakings, all operated by the Children's Aid Society. It is no wonder that the expenses of the organization have for three years exceeded a million dollars a year. Nor is it any wonder that, as times are, a deficit has been incurred. Rather surprisingly, the number of donors to the society's work has increased, but the total amount of contributions has fallen. Yet the need is unusually great in a period in which many families cannot do for their own what ordinarily they would somehow manage to do. Sending a contribution to the Children's Aid Society, 105 East Twenty-second Street, is an excellent way of doing one's bit to give the children of this city a fair chance at life.

Health - 1932

North Carolina

Wilmington, N. C. Morning Star
Thursday, December 22, 1932

Dr. Sidbury Examines Negro Children At Clinic

At a special clinic held by Dr J. Buren Sidbury at the Provident health center Tuesday, a large number of negro children were examined and given treatment.

It was stated afterward that an amazingly large percentage of the children were found to be in urgent need of medical attention. No charge was made for professional services at the clinic.

Wilmington, N. C. [illegible]
Thursday, [illegible]

Milk Provided For Negroes Being Treated For Rickets

A fund has been created to provide milk daily for negro children undergoing treatment at the Provident Health Center for rickets and other malnutrition ailments, it was announced yesterday.

Donor of the fund was not revealed. At a recent special clinic held at the health center the necessity of protective diets in the treatment of deficiency diseases was stressed.

Health -1932

CINCINNATI
OHIO

APR 4 1932

Maternal Death Rate.

The maternal death rate in Cincinnati has been declining steadily for some years and now is about equal to the average for the United States Registration Area. In 1927 the rate was 9.8 maternal deaths per 1,000 live births; in 1929 the rate had dropped to 8.4, and by 1930 the rate was 6.7. Some large cities, such as Chicago, Cleveland, New York and St. Louis, have lower rates than this, while many have distinctly higher rates. The five-year average of 8.8 is far from satisfactory, however.

A careful inquiry into the causes of the Cincinnati maternal death rate made by the Cincinnati Obstetrical Society indicates that the improvement of hospital facilities in recent years is chiefly responsible for the decline, and that the General Hospital rate is 16.5, or nearly four times that of the private hospitals.

The high death rate at the General Hospital apparently is due in large measure to the fact that most of the city's bad cases are brought there, and to the differential of the class of patients generally. The Negro maternal death rate is about twice that of the white race, and it is here that much of Cincinnati's record is explained.

In addition to shortcomings within the profession of obstetricians, which must be left to the medical fraternity itself to solve, there appear to be two things Cincinnati as a city can do to lower the maternal death rate. One is more adequate provision for pre-natal care and hygienic education of Negro women, perhaps by establishing a special hospital for them or a clinic more available than General Hospital. The second is the need for police surgeons and direct ambulance service to reduce the dangers in emergency cases, a service that is likewise needed for many other reasons.

COLUMBUS, O.
CITIZEN
APR 7 1932

For Healthier Negro Babies

A COLORED baby born in Columbus has a materially lower chance of survival than a white baby. Among Negroes the infant mortality rate is 80.5 per thousand, among whites 69.7. Any effort in behalf of better health for Negro babies is therefore vitally important.

It is to be hoped that many Negro mothers will take advantage of the opportunity offered to obtain free health examinations of their babies tonight at the Masonic Temple, 988 E. Long street. Conditions which can readily be corrected by proper care but which may prove dangerous if not detected early will be brought to light by these examinations.

A contest to determine the healthiest baby examined will be a part of the program, but that is only secondary. In reality every baby examined will receive a prize—the prize of better health and a better chance to grow to strong manhood or womanhood.

COLUMBUS, O.
DISPATCH

OCT 2 1932

Urban League Project Bears Fruit

Virile Program Planned For Boys at Spring Street Y. M. C. A.

Health Conditions Greatly Improved

By Florence Oakfield

The health committee of the Columbus Urban league proposed to the division of health of the Council of Social Agencies, the establishment of clinics for the purpose of giving free examinations to colored people.

After due deliberation the council accepted the proposal and the result was that four clinics were conducted and 305 persons received benefit therefrom. This work was carried on under the direction of Dr. W. D. Inglis, with the assistance of volunteer nurses.

The service of these clinics was made possible through the co-operation of the Columbus Urban league, the District Nursing association, Junior League Girls, the Columbus Academy of Medicine, the Columbus Community Training school, the Tuberculosis association and the city and county boards of health, and has resulted in improved health conditions.

Homes Are Visited

Regular visits are made to the homes of the individuals who took advantage of the examinations, and where they were found financially able, they were sent to family physicians for treatment; but where they were found otherwise (which was true in most instances), they were directed to the clinics where they received the necessary treatments free.

The health committee of the Urban League recently proposed to the committee on health of the Council of Social Agencies, the establishment of infant welfare stations. The adoption of this plan by the council resulted in the examination and treatment of 972 persons from Oct. 1931 to date.

In 1931, alone, the health committee of the league held 10 meetings and in health education work contracted more than 25,000 persons.

Health - 1932

Palmetto Leader

COLUMBIA, S. C
STATE

DEC 8 - 1932

THE RURALS AND THE MEDICOS.

Last week while visiting in the rural sections of lower South Carolina, we were brought face to face with the fact that there is a crying need for a geater amount of attention to be paid the denizens of the hinterland by the Negro medical forces There are people out there who are suffering and dying from the most commonplace ills that might be cured with just a little time and attention being given them. One woman suffering from the effect of high blood pressure is at a total loss as to what to do about her condition because of the lack of professional advise. She believes that it is only a matter of time before she shall be carried away because of this malady. The white doctor who has been her attendant does little else save collect his fee. He gives the minimum of time and service to those Negro patients whom he attends. He is interested in making collections rather than in curing his colored patients. He practices on them because he finds the practice lucrative without having to exert himself by hte application of professional skill. Most white practitioners just are not interested in whether Negroes live or die.

The Negroes themselves have come to realize that their health and happiness are to be found in the taking up of the practice of their profession by a larger army of Negro physicians in the rural sections. According to the testimony of these people it is often days before a physician may be obtained when serious sickness claims them. It seems to us that in these days of easy transportation that the colored doctors in the several urban centers throughout the state might so organize themselves as to take care of the outlying communities in the several counties as far as their health needs are concerned. We believe that a splendid service might be perfomed by our doctors were they to hold clincis throughout the state at regular and stated intervals. The death rate among our people is bound to continue high until there is more of concerted effort on the part of our own health forces to render both preventive and therapeutic service in the case of our rural citizens.

South Carolinians Living Through It.

Terrible have been the fruits of depression. But it is not killing us off. At least, so one would judge from the summary of the report of Dr. James Adams Hayne, state health officer, for the past year.

"This," says Doctor Hayne, "has been the healthiest year for South Carolina since the establishment of the vital statistics bureau in 1915, when for the first time we were able to have authentic figures in regard to prevalence of disease and the death rate of South Carolina."

The death rate reported for this year, 11.2 per 1,000, is the lowest since 1913. Deaths from certain diseases, scourges of mankind, show marked decrease. Among these are cancer, diphtheria, infants' diseases, dysentery, meningitis, tuberculosis, pellagra, and even our all-time enemy, malaria.

The death rate for whites is 8.5 per 1,000, which Doctor Hayne thinks very low. For Negroes, due of course to unwholesome surroundings, poverty, lack of infant and maternity care, and so on, the rate is 14.5 per 1,000. Yet even this is better than it has been in past years.

Encouraging it is to learn that in spite of decreased appropriations for health work and the increase of poverty, the health of the state in general is being kept up. The reason for this is found largely in the greater efforts of health promotion agencies, both individual and public, to spread the information on and practice of principles of right living and disease prevention. The health condition revealed by the health statistics is the result of vigorous efforts on the part of these agencies not to let lack of finances mean loss of life if it could possibly be helped

Health – 1932

Chattanooga, Tenn. News
Monday, April 4, 1932

The Negro's Health

RECENTLY, when members of a Negro church gave an original religious play in the Parish House of St. Paul's Episcopal Church, Dr. Oliver Hart announced that there was a man in the audience who had worked tirelessly and successfully in Chattanooga to better relations between all races. And he called upon Mr. T. C. Thompson to arise. Mr. Thompson's work has borne fruit. Sunday, in his address at the Open Forum in Ochs Temple, he stressed that the South must be fair to the Negro—must give him justice in the courts, must look out for his health, must be fair to him in the factory and on the farm.

It happens that this is Negro Health Week in the South. In Tennessee, special arrangements are being made for observance. Chattanooga ought, also, to take stock. What Mr. Thompson said about the health of the Negro is especially true. Until we give the Negro sanitary surroundings, adequate medical attention and a certain freedom from plagues and epidemics, we cannot raise our own health standards to the levels of other States.

Fisk University made its first formal attempt to invetigate health conditions among Negroes in Tennessee in a study made during 1928-1930. The project took the form of a study of differential mortality in Tennessee, and was made by Dr. Elbridge Sibley. The results of the study were published in 1930 by the Fisk University Press. This work represents the first phase of a comprehensive program included in the plan of the Social Science Department for the comparative study of the health of the two races in Tennessee.

Dr. Sibley found the following outstanding factors in the health situation: The death rate among Negroes is abnormally higher in Tennessee for tuberculosis—which, according to Dr. Sibley, is the most serious health problem in the State—the pneumonias, typhoid fever, chronic degenerative diseases of the heart, kidneys and related organs, diabetes, and pellagra. Dr. Sibley is not so certain of the results of the analysis of the comparative statistics on venereal diseases, because of the inadequacy of available statistics, but he says "that syphilitic and gonorrheal infection are undoubtedly abnormally prevalent and intense in the Negro population."

His study shows that the Negroes in Tennessee tend to die in the earlier and more productive years from tuberculosis, while the whites die more toward the end of the period of their greatest productivity. The difference in infant mortality rates is also very great between the two races, although it is abnormally high for both whites and Negroes, and, in Tennessee, the Negro death rate, as a whole, is almost twice as high as that of the whites for the period studied by Dr. Sibley.

With the material which can be secured from such basic studies in all of the counties of the State, the sponsors of National Negro Health Week will have adequate information on which to base a program of health reform in Tennessee which will aid in the effort to lower the death rate for both races. Such information will go a long way toward making it impossible for the Negro death rate to almost double that of the whites from all causes of death; to more than double the white for death from tuberculosis, and to practically double the white rate from typhoid fever.

Mr. Thompson, in his address Sunday, pointed out that Negroes constitute about a fourth of Chattanooga's population. Sanitary conditions in some of the Negro sections are intolerable, and this city owes it to all our people to help them clean up. From a selfish standpoint, Mr. Thompson says, we ought to improve housing conditions among the Negroes.

There are few things of as much importance to the South, right now, as improvement of the health of the Negroes. It is a problem which affects us economically, socially, commercially, and in every other way.

We hope that Mr. Thompson's splendid address and the observance of Negro Health Week, starting today, will focus attention of our people on this vital problem.

Chattanooga, Tenn.
NEWS

APR 4 1932

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Chattanooga, Tenn.
NEWS

JUN 4 1932

Whose Duty Is It?

THE medical profession of Chattanooga refuses to be bothered with the fact that more than twice as large a percentage of babies die here as in the United States as a whole.

On Friday, The News quoted one physician, who, sensibly enough kept his name secret, as saying that nine out of ten Negro babies ought to die, anyway. Another physician, Dr. W. E. Bryan, is quoted as saying, in a speech at the Industrial Fellowship Club, that neither the doctors nor the public health authorities could help it if mothers preferred "a one-eyed midwife with her snakeskins and a screen before the door, to keep out evil spirits." Dr. Bryan correctly stated that education was needed to show mothers that voodooism "April snow water," hen's feathers and boar's teeth, are not proper aids in childbirth.

But whose duty is this educational campaign? Have the doctors and the public health authorities no responsibility? The plumbers of Chattanooga have banded together to secure a law providing for standards and for licensing to insure sanitation in our bathrooms. Why do not our doctors feel as much concern for the conditions surrounding childbirth?

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Health—1932

Chattanooga, Tenn. News
Monday, April 4, 1932

The Negro's Health

RECENTLY, when members of a Negro church gave an original religious play in the Parish House of St. Paul's Episcopal Church, Dr. Oliver Hart announced that there was a man in the audience who had worked tirelessly and successfully in Chattanooga to better relations between all races. And he called upon Mr. T. C. Thompson to arise. Mr. Thompson's work has borne fruit. Sunday, in his address at the Open Forum in Ochs Temple, he stressed that the South must be fair to the Negro—must give him justice in the courts, must look out for his health, must be fair to him in the factory and on the farm.

It happens that this is Negro Health Week in the South. In Tennessee, special arrangements are being made for observance. Chattanooga ought, also, to take stock. What Mr. Thompson said about the health of the Negro is especially true. Until we give the Negro sanitary surroundings, adequate medical attention and a certain freedom from plagues and epidemics, we cannot raise our own health standards to the levels of other States.

Fisk University made its first formal attempt to invetigate health conditions among Negroes in Tennessee in a study made during 1928-1930. The project took the form of a study of differential mortality in Tennessee, and was made by Dr. Elbridge Sibley. The results of the study were published in 1930 by the Fisk University Press. This work represents the first phase of a comprehensive program included in the plan of the Social Science Department for the comparative study of the health of the two races in Tennessee.

Dr. Sibley found the following outstanding factors in the health situation: The death rate among Negroes is abnormally higher in Tennessee for tuberculosis—which, according to Dr. Sibley, is the most serious health problem in the State—the pneumonias, typhoid fever, chronic degenerative diseases of the heart, kidneys and related organs, diabetes, and pellagra. Dr. Sibley is not so certain of the results of the analysis of the comparative statistics on venereal diseases, because of the inadequacy of available statistics, but he says "that syphilitic and gonorrheal infection are undoubtedly abnormally prevalent and intense in the Negro population."

His study shows that the Negroes in Tennessee tend to die in the earlier and more productive years from tuberculosis, while the whites die more toward the end of the period of their greatest productivity. The difference in infant mortality rates is also very great between the two races, although it is abnormally high for both whites and Negroes, and, in Tennessee, the Negro death rate, as a whole, is almost twice as high as that of the whites for the period studied by Dr. Sibley.

With the material which can be secured from such basic studies in all of the counties of the State, the sponsors of National Negro Health Week will have adequate information on which to base a program of health reform in Tennessee which will aid in the effort to lower the death rate for both races. Such information will go a long way toward making it impossible for the Negro death rate to almost double that of the whites from all causes of death; to more than double the white for death from tuberculosis, and to practically double the white rate from typhoid fever.

Mr. Thompson, in his address Sunday, pointed out that Negroes constitute about a fourth of Chattanooga's population. Sanitary conditions in some of the Negro sections are intolerable, and this city owes it to all our people to help them clean up. From a selfish standpoint, Mr. Thompson says, we ought to improve housing conditions among the Negroes.

There are few things of as much importance to the South, right now, as improvement of the health of the Negroes. It is a problem which affects us economically, socially, commercially, and in every other way.

We hope that Mr. Thompson's splendid address and the observance of Negro Health Week, starting today, will focus attention of our people on this vital problem.

Chattanooga, Tenn.
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Chattanooga, Tenn.
NEWS

JUN 4 1932

Whose Duty Is It?

THE medical profession of Chattanooga refuses to be bothered with the fact that more than twice as large a percentage of babies die here as in the United States as a whole.

On Friday, The News quoted one physician, who, sensibly enough, kept his name secret, as saying that nine out of ten Negro babies ought to die, anyway. Another physician, Dr. W. E. Bryan, is quoted as saying, in a speech at the Industrial Fellowship Club, that neither the doctors nor the public health authorities could help it if mothers preferred "a one-eyed midwife with her snakeskins and a screen before the door, to keep out evil spirits." Dr. Bryan correctly stated that education was needed to show mothers that voodooism, "April snow water," hen's feathers and boar's teeth, are not proper aids in childbirth.

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DIVISION OF BEHAVIORAL SCIENCE RESEARCH

Chattanooga, Tenn.
TIMES

JUL 2 1932

THE INFANT MORTALITY RATE.

Chattanooga's infant mortality rate dropped from 123 per 1,000 babies born in 1927 to 77.6 per 1,000 in 1931, according to a report presented to the Chattanooga-Hamilton County Medical Society this week by a committee composed of Dr. William Dulaney Anderson, chairman; Dr. E. F. Buchner, Jr., and Dr. C. E. Homan. Stated in number of babies instead of percentages, the improvement represented the saving of forty-five more babies out of every 1,000 in 1931 than in 1927. In the case of Negro babies, there was a reported saving of ninety-six more lives per 1,000 infants in 1931 than in 1927.

As the committee admits in its conclusion, "the infant mortality rate in Chattanooga remains too high." But many a Chattanoogan must have been reassured by the report, for it revealed marked progress in the saving of infant lives. The committee's figures, it should be stated by way of indicating the accuracy of its deductions, are reported to have been arrived at by the system of calculation sanctioned by the United States Public Health Service.

Factors other than purely medical, it is pointed out, must be taken into consideration in evaluating infant mortality statistics. They include hospital facilities, public hygiene, pre-natal care and follow-up treatment, vital statistics and housing and meteorological conditions. Education, economic conditions and the midwife situation may also be included. As a means of further lowering the baby death rate, the committee, whose report was unanimously adopted by the society, recommended the following:

A five-year plan of centralization of welfare organizations' work, to effectively regulate educational and relief work toward the lowering of the infant mortality rate.

Improved hospital facilities for Hamilton county.

Further improvement of public hygiene.

More stress on pre-natal care, post-partum follow-up and new-born care as a means of saving lives of more babies.

A more effective system of assembling data on vital statistics.

It would be most unfortunate if gratification over the fact that the committee was able to report substantial improvement in the infant mortality rate from 1927 to 1931 should dispose the public to assume that the baby death rate problem will solve itself. Conditions remain serious and the record is a reflection on the community. The situation calls for earnest effort on the part of the medical profession, public officials and health authorities and the public generally to prevent the deaths of babies insofar as possible.

Health Conference

The Physicians, Nurses and county school teachers will meet in joint session, Friday afternoon, October 14, at 5:00 o'clock promptly in the Public Health Lecture Hall at Meharry Medical College.

This will make the closing feature of "Cold and Prevention Week" which has just been sponsored by the County Health Department in conjunction with the Board of Education.

The object of this meeting is three fold: First, to gather facts and to become better informed to do constructive work; second, to become better acquainted and have a better understanding; and, third, to stimulate a greater interest in public welfare and health.

The public is cordially invited to attend this meeting and we hope every doctor, nurse and teacher, working in the city or county will avail themselves of the opportunity and come to this meeting Friday at 5:00 o'clock.

Health-1932

BETTER HEALTH, BETTER PEOPLE

NINETEEN years ago The Negro Organization Society was launched in Virginia with the unique slogan: "Better Schools, Better Health, Better Homes, Better Farms." The Society was formed of representatives of fraternal organizations, school improvement leagues, civic clubs, church associations, business concerns. Its opportunities for closely contacting the masses, especially in the rural districts, were clearly evident. After 19 years of work it is impossible to appraise or summarize the constructive achievements of the Society in the space devoted to this article.

For the immediate future the Organization Society has set itself to the important task of improving health in the rural districts through a system of public health nurses who will do house to house work, teaching personal hygiene, home sanitation, disease prevention. During the past year the Society has helped to support one such nurse who covered eight counties, a territory entirely too large for any one health worker to cover with the best results, but the experiment has proved of such value that the Society, with the approval of the State Health Department is asking the General Assembly, which convenes in January, to make an appropriation which will permit the employment of enough nurses to cover the fifty counties in the State in which a large proportion of the population are Negroes. The plan calls for approximately $100 per county from the State, which amount would be supplemented by $1,000 from the Society and an equal or larger amount from the Rosenwald Foundation.

The project has been discussed with numerous members of the General Assembly, including a majority of the members from Norfolk and Portsmouth, who look with favor upon it. With the entire approval of the State Health Department the prospects for its adoption are good. If the plan is adopted and put to work the returns to the State in the way of improved health and morale are incalculable. The Negro Organization Society started the State's tuberculosis sanitarium for Negroes on its way by donating the site at Piedmont; it now proposes a Statewide health program of even more intrinsic value and brings to it substantial financial support from private sources. Virginia cannot fail to meet this patriotic proposal, for the improvement of the health of her Negro citizens means better health for all her citizens.

HOOKWORM DISEASE HEALTH THREAT TO THOUSANDS IN SOUTH

School Children Worse Sufferers, Expert Tells Delegates At Hampton Public Conference; Infant Death Rate Reported Alarming

By GEORGE A. KUYPER

HAMPTON INSTITUTE, Va.—Two prominent speakers at the first Public Health Conference held at Hampton Institute on Friday and Saturday, October 14 and 15, sounded dire notes of warning to the American public.

Dr. C. W. Stiles, America's foremost authority on hookworm and a member of the famous Rockefeller Commission for the eradication of hookworm disease, said that in spite of optimistic and cheerful reports from the South to the effect that hookworm disease has been eradicated in this country, he has found during the last two years that of thousands of rural school children throughout the southern states whom he has examined over 26 per cent of them have hookworm.

He severely ridiculed the practice of calling the disease "malnutrition," and emphatically declared that tens of thousands of school children in the rural South have this dreaded disease.

8,000 Mile Examination Tour

His recent examinations, in which he has attempted to follow up his famous work conducted under the auspices of the Rockefeller Foundation, have been carried on during an eight thousand mile automobile trip from Washington, D. C., to Florida, and covering all of the South Atlantic and Gulf States. In some schools he discovered that more than 90 per cent of the children were suffering from this disease.

He warned his audience that since the discontinuance of the Rockefeller support the campaign against hookworm has lessened and that serious results are following. Dr Stiles, who has recently been placed on the retired list of the U. S. Public Health Service, gave a vivid verbal and lantern slide presentation of this dreaded disease and its effect upon sufferers.

He pointed out that hookworm has a decidedly negative effect upon education, the hookworm patients being the backward pupils of the school upon whom more money is spent than upon the brighter pupils who advance normally.

Second Grave Warning

The second grave warning to the conference was delivered by Dr. Roscoe C. Brown of the U. S. Public Health Service, who laid the same emphasis upon the increase of venereal diseases in this country, pointing out that many people feel that these diseases are not so prevalent today because they do not know the facts and they are not doing what they can to relieve suffering with the available equipment.

Dr. Brown emphatically declared that the American populace has not the proper perspective of health control, and that in regard to venereal diseases there is an additional problem of false modesty which makes it hard to work on cases and which makes syphilis the greatest destroyer of life.

Over 600,000 Cases

He pointed out that there are at present over 600,000 cases of syphilis alone and listed the measures which must be taken to correct this condition. One vital step he declared in its eradication is arranging for hospitals to change their attitude towards its treatment and to provide special wings devoted to it such as they now have for tuberculosis.

He also emphasized the great need for educational measures and stated that he believed the scourge will be removed only as a new public health program is developed through mutual cooperation.

Public Health Nursing

The Health Conference opened under the auspices of the School of Nursing at Hampton Institute on Friday evening, at which Dr. Stiles delivered his address. Another speaker at the first meeting was Miss Mary I. Mastin, director of the bureau of public health nursing of the Virginia state department of health.

She pointed out the ned for public health nursing among the Negroes in Virginia, citing statistics to prove the great value of the work done by public health nurses so far, especially in the prevention of the spread of tuberculosis and lowering of the infant death rate.

Fewer Field Nurses

At the two sessions held on Saturday the main speakers were Dr. I. C. Riggin of the Virginia state department of health; Miss Dorothy Carter, educational secretary for the National Organization for Public Health Nursing; and William M. Cooper, director of extension work for Hampton Institute.

Dr. Riggin, speaking on "What is Being Done for Tuberculosis in Virginia," pointed out that in spite of much progress being made in the prevention of the spread of tuberculosis, still more effort must be made in assisting patients and those who have come in contact with them and in preventive work throughout the state.

County Nurses Help

He pointed out that whereas formerly there were sixteen field nurses for special tuberculosis work, there are now only six. This loss has been somewhat compensated for by the fact that every county nurse is now devoting a quarter of her time to tuberculosis cases.

He declared that today we are reaping the harvest of our failure of fifteen years ago to treat tuberculosis adequately because of the general fear of this disease on the part of the public. He added that the big task today is educational work which will stress the fact that tuberculosis is a curable disease, and he listed the many different phases of this work in Virginia.

Public Health Objectives

Miss Carter explained the goals of public health, pointing out that the public health nurse has a highly complex job which is one of great value to the community. Whereas the original aim of public health nursing was to give skilled care to the sick person in the home today, there are approximately seventy objectives which have been listed by the National Organization for Public Health Nursing.

The main objectives are four; To assist in educating people to protect their own health, to assist in the adjustment of family and home conditions that affect health, to correlate all the health and social programs which exist in a community for facilitating public health work, and to assist in educating the community to develop adequate health facilities.

Forms of Activity

These activities take many forms—school clinics, pre-school clinics, baby clinics, communicable disease work, and mental hygiene. In general, with regard to tubercular patients, the public health service of the average community has failed to provide adequately for this branch of its work, with the result that many cases which have been arrested in sanitariums are never followed up and are permitted to return to work and ultimately to result in more public charge.

5 Nurses For 600,000 People

In his explanation of charts based on health statistics in Virginia, Mr. Cooper pointed out that although Negroes constitute only 26 per cent of the population, the proportion of sickness and deaths is far in excess of this percentage.

The death rate of infants is much higher for Negroes than it is for whites; whereas the death rate for infants throughout the country was 46.38 per one thousand inhabitants and for Negroes 107 one thousand. He pointed out that there are in Virginia only five Negro public health nurses on the state payroll, some part time and some full time. These women have as their charge over 600,000 people.

More Conference Needed

In the discussion period which followed, Dr. H. A. Callis of Howard University, Washington, D. C., emphasized the great ignorance on the part of even educated people regarding the fundamentals of personal and public health and pointed out that a health conference under the auspices of schools and colleges was sadly needed to call atention to that fact and to serve as foundations for improvements of this condition.

The audience was made up of public health nurses, educational supervisors, teachers, doctors from Virginia and other states, ministers, and health education. The conferencesh many others interested in public health education. The conference was arranged by Miss Nina D. Gage, director of the school of nursing of Hampton Institute, which is now in its second year of preparing young women as public health nurses for work in the southern states.

The school is the result of the cooperation of Hampton Institute and the Julius Rosenwald Fund, and is conducted in connection with the Dixie Hospital at Hampton.

HEALTH CONVO SPEAKERS WILL BE AUTHORITIES

Journal and Guide

Meeting On Hampton Campus This Week-end

10-15-32

Special to Journal and Guide

HAMPTON INSTITUTE, Va. —Addresses by men and women who are authorities in their fields will be the feature of the Health Conference to be held on the campus of Hampton Institute on Friday and Saturday of this week, October 14 and 15. This conference is being held under the auspices of the newly established school of Nursing of Hampton Institute.

Norfolk Va

At the opening meeting to be held on Friday evening at eight o'clock in DuPont Hall, President Arthur Howe of Hampton Institute will be the presiding officer, and, together with Nina D. Gage, director of the School of Nursing, and William M. Cooper, director of Extension Work at Hampton Institute, will welcome the guests.

Mr. Cooper will also speak from first hand knowledge on health work in Virginia. Miss Mary L. Mastin, director of the bureau of public health nursing of the Virginia State Department of Health will talk on the need of public health nursing among the Negroes of Virginia, a genuine need which the Hampton Institute School of Nursing is helping to meet.

The second day of the conference will open at 9:30 Saturday morning with addresses by Dr. Roscoe C. Brown of the United States Public Health Service; Dr. I. C. Riggin of the Virginia State Department of Health; and Dr. C. W. Stiles, the foremost authority in this country on hookworm.

The afternoon session will begin at two o'clock with an address by Dr. B. B. Bagby of the Virginia State Department of Health, and Miss Alma C. Haupt of the National Organization for Public Health Nursing.

Everyone interested in these important questions is invited to attend. There will be a discussion of each addresses. Miss Gage of the School of Nursing is prepared to provide accommodations for those wishing to remain at Hampton Institute overnight.

Health - 1932

The Trail
Charleston, W. Va

WEST VIRGINIA HEALTH STATISTICS

4/9/32

According to recent releases by the State Health Department, the death rate among Negroes in West Virginia greatly exceeds that of the whites. The following statistics are submitted for 1931:

Tuberculosis: Negroes, 117.35; white, 53.06. The Negro death rate for tuberculosis in 1930 was 114.50. Pneumonia: Negro, 96.56; white, 80.98. Accidents: Negro, 120.57; white, 94.51. Congenital malformation: Negro, 75.02; white, 17.07. (The State Health Department offers a motherhood correspondence course which furnished free information on prenatal and child care. The Health Department solicits the enrollment of colored mothers.) Cancer: Negro, 28.96; white, 61.86. Diarrhea and enteritis in children under two years: Negro, 28.40; white, 57.50. Smallpox: Negro, 1 death; white, none. (The Negroes were the greater sufferers with this disease.) Venereal diseases, (syphilis and gonorrhea) very prevalent among Negroes. Free treatment offered in 21 clinics. The Health Department urges the Negroes to take advantage of the facilities offered, and emphasizes the fact that no color line is drawn in the general health work.